

- ☐ Initial Application  
☐ Amended Application

Date: 1/31/22



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

MC22-1

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): Committee to Elect Devin Festa for City Council

Candidate Information:

Candidate's Name (required): Devin Festa

Candidate's mailing address (required): 1396 E Desert Fern Trl, Casa Grande, AZ 85122

Candidate's email address (required): devinfesta@gmail.com

Candidate's phone number (required): (480) 276-3285

Candidate's website (if any): devinfestaforcasagrande.com

Office Sought (choose one):

☒ County Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

☒ City/Town Office: Casa Grande City Council ☐ District (if applicable): \_\_\_\_\_

☐ School Board Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

☐ Special District Board: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): \_\_\_\_\_

Party Affiliation:

(required for partisan offices)

☒ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: \_\_\_\_\_

**CITY CLERK'S**

**JAN 31 2022**

**OFFICE**

☐ **Political Action Committee (PAC)**

Committee Name (required): \_\_\_\_\_

(if sponsored, must include sponsor's name)

Political Function (optional):  
 (select any that apply)

☐ Contributions ☐ Candidate-Related Independent Expenditures  
☐ Ballot Measure Expenditures ☐ Recall Expenditures

Sponsorship Information:  
 (if applicable)

Sponsor's name or nickname (required): \_\_\_\_\_

Sponsor's mailing address (required): \_\_\_\_\_

Sponsor's email address (required): \_\_\_\_\_

Sponsor's phone number (if any): \_\_\_\_\_

Sponsor's website (if any): \_\_\_\_\_

Special Status  
 (if applicable)

☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
☐ Standing Committee (must also complete separate standing committee registration)  
☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ **Political Party**

Committee Name (required): \_\_\_\_\_  
 (must include party affiliation)

Jurisdiction:

☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  
☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  
☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status  
 (if applicable)

☐ Standing Committee (must also complete separate standing committee registration)

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☒ Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1386 E Desert Fern Trl, Casa Grande, AZ 85122

Committee's email address (required): devinfesta@gmail.com

Committee's phone number (if any): (480) 276-3285

Committee's website (if any): \_\_\_\_\_

Chairperson's Information:

Chairperson's name (required): Devin Festa

Chairperson's physical address (required): 700 E Rodeo Rd, Unit 338, Casa Grande, AZ 85122

Chairperson's mailing address (if different): 1386 E Desert Fern Trl, Casa Grande, AZ 85122

Chairperson's email address (required): devinfesta@gmail.com

Chairperson's phone number (required): (480) 276-3285

Chairperson's employer (required): Rural Arizona Enagagement

Chairperson's occupation (required): Advocacy Coordinator

Treasurer's Information:

Treasurer's name (required): Devin Festa

Treasurer's physical address (required): 700 E Rodeo Rd, Unit 338, Casa Grande, AZ 85122

Treasurer's mailing address (if different): 1386 E Desert Fern Trl, Casa Grande, AZ 85122

Treasurer's email address (required): devinfesta@gmail.com

Treasurer's phone number (required): (480) 276-3285

Treasurer's employer (required): Rural Arizona Enagagement

Treasurer's occupation (required): Advocacy Coordinator

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): Pinal County Federal Credit Union

Additional bank name (if applicable): \_\_\_\_\_

Additional bank name (if applicable): \_\_\_\_\_

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: \_\_\_\_\_

Date: 1-31-22

Treasurer's signature: \_\_\_\_\_

Date: 1-31-22

Candidate's signature (if applicable): \_\_\_\_\_

Date: 1-31-22