

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

CITY CLERK'S
JAN 31 2022

OFFICE

Candidate Information: Candidate's Name (required): Devin Festa

Candidate's mailing address (required): 1386 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): devinfestaforcasaagrande.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: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include
sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
(select any that apply) Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): _____
(if applicable) Sponsor's mailing address (required): _____
Sponsor's email address (required): _____
Sponsor's phone number (if any): _____
Sponsor's website (if any): _____

Special Status Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

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STATE OF ARIZONA
COMMITTEE STATEMENT
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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: Devin Festa Date: 1-31-22

Treasurer's signature: Devin Festa Date: 1-31-22

Candidate's signature (if applicable): Devin Festa Date: 1-31-22