

Initial Application  
 Amended Application  
 Date: 10/15/2026



## STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
PAC 25-01

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): \_\_\_\_\_  
(first or last name & office)

Candidate Information: Candidate's Name (required): \_\_\_\_\_

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

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

Candidate's phone number (required): \_\_\_\_\_

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

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: \_\_\_\_\_  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): Play It Forward Casa Grande  
(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  
(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)

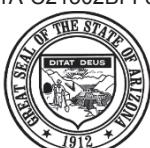
Political Party

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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COMMITTEE ID NUMBER

(office use only)

PAC 25-01

## COMMITTEE INFORMATION:

*Contact Information:* Committee's mailing address (required): PO Box 10103, Casa Grande, AZ 85130  
 Committee's email address (required): info@playitforwardcg.com  
 Committee's phone number (if any): (520) 353-3428  
 Committee's website (if any): www.PlayItForwardCG.com

*Chairperson's Information:* Chairperson's name (required): Mindi Dawkins  
 Chairperson's physical address (required): 404 N. Marshall Street, Casa Grande, AZ 85122  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): Mindi@PlayItForwardCG.com  
 Chairperson's phone number (required): (520) 560-2421  
 Chairperson's employer (required): Arizona Home Pros  
 Chairperson's occupation (required): Designated Broker

*Treasurer's Information:* Treasurer's name (required): Victor Fuentes  
 Treasurer's physical address (required): 317 E Cottonwood Lane, Suite C, Casa Grande, AZ 85122  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): Victor@PlayItForwardCG.com  
 Treasurer's phone number (required): (602) 295-1543  
 Treasurer's employer (required): FoxFarm Soil & Fertilizer  
 Treasurer's occupation (required): Director of Finance

*Bank or Financial Institution:* Bank name (required): National Bank of Arizona  
 (do not list acct numbers) 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: Mindi Dawkins \_\_\_\_\_ Date: 10/15/2025 | 16:19 MST

Treasurer's signature: Victor Fuentes \_\_\_\_\_ Date: 10/15/2025 | 16:31 MST

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