

Initial Application
 Amended Application
Date: 06/22/2017



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
MC-17-1

Rec'd
6/22/17
QV

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Elect Lisa Navarro Fitzgibbons
(first or last name & office)

Candidate Information: Candidate's Name (required): Lisa Navarro Fitzgibbons
Candidate's mailing address (required): 127 E. Laurel Circle, Casa Grande, AZ 85122
Candidate's email address (required): lisa@fitzgibbonslaw.com
Candidate's phone number (required): (502) 371-1425
Candidate's website (if any): www.llsaforcasagrande.com

Office Sought (choose one): Governor Secretary of State Attorney General State Treasurer
 Superintendent of Public Instruction State Mine Inspector Corporation Commissioner
 State Senate State House of Representatives District (required): _____
 County Office: _____ District (if applicable): _____
 City/Town Office: Casa Grande District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

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
(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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(office use only)
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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 127 E. Laurel Circle, Casa Grande, AZ 85122

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

Committee's phone number (if any): (520) 371-1425

Committee's website (if any): www.lisaforcasagrande.com

Chairperson's Information:

Chairperson's name (required): Tracy Mason

Chairperson's physical address (required): 721 E. Brenda Dr., Casa Grande, AZ 85122

Chairperson's mailing address (if different): Same as Above

Chairperson's email address (required): tracymason20@gmail.com

Chairperson's phone number (required): (520) 510-9730

Chairperson's employer (required): Hankel, Carpenter and Ehrbright DDS

Chairperson's occupation (required): Scheduler

Treasurer's Information:

Treasurer's name (required): Lupe Mendez

Treasurer's physical address (required): 1233 E. Clearview Dr., Casa Grande, AZ 85122

Treasurer's mailing address (if different): Same as Above

Treasurer's email address (required): lupe@fitzgibbonslaw.com

Treasurer's phone number (required): (520) 426-3824

Treasurer's employer (required): Fitzgibbons Law Offices, P.L.C.

Treasurer's occupation (required): Office Manager

Bank or Financial Institution:

Bank name (required): Great Western Bank

(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:

Tracy L. Mason

Date: 6/21/17

Treasurer's signature:

Lupe J. Mendez

Date: 6-21-17

Candidate's signature (if applicable):

Lisa R. Fitzgibbons

Date: 6/21/17