

☒ 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
CV

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.lisaforcasagrande.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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COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

MC-17-1

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 127 E. Laurel Circle, Casa Grande, AZ 85122
Committee's email address (required): lisanfitzgibbons@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): Russ N. Hyslop Date: 6/21/17