

Initial Application
 Amended Application
Date: 8/1/18



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

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COMMITTEE ID NUMBER
(office use only)

18-02

COMMITTEE TYPE (choose one):

City of Litchfield Park

Candidate

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

Committee to Elect Kerry Marie Giangobbe
(City Council)

Candidate Information:

Candidate's Name (required):

Kerry Marie Giangobbe

Candidate's mailing address (required):

411 E. Bird Lane, Litchfield Park

Candidate's email address (required):

k.giangobbe@hotmail.com

85310

Candidate's phone number (required):

(623) 256-8283

Candidate's website (if any):

facebook Giangobbe for City Council

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: Council District (if applicable): _____

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

2018

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):
(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)

Republican
Committee to Elect Kerry Marie Giangobbe

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 INFORMATION:

Contact Information:

Committee's mailing address (required): 411 E Bird Lane, Litchfield Park 85340
Committee's email address (required): Kaianadhe@hotmail.com
Committee's phone number (if any): (623) 256-8283
Committee's website (if any): facebook.com/GiangobbeForCityCouncil

Chairperson's Information:

Chairperson's name (required): Kaitlin GIANGOBBE
Chairperson's physical address (required): Same
Chairperson's mailing address (if different): _____
Chairperson's email address (required): _____
Chairperson's phone number (required): _____
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information:

Treasurer's name (required): Mitchell Giangobbe
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): Same
Treasurer's email address (required): _____
Treasurer's phone number (required): _____
Treasurer's employer (required): _____
Treasurer's occupation (required): Physician

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

Bank name (required): BMO Harris
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: Kaitlin Giangobbe Date: 8/1/18

Treasurer's signature: Mitchell Giangobbe Date: 8/1/18

Candidate's signature (if applicable): Kaitlin Giangobbe Date: 8/1/18

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