

Initial Application
 Amended Application
 Date: 8/24/18



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

RECEIVED
 AUG 24 2018
 11:42 AM T. POTZ

COMMITTEE ID NUMBER
 (office use only)
18-05

COMMITTEE TYPE (choose one):

City of Litchfield Park

Candidate

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

Lisa Brainard Watson for City Council

Candidate Information:

Candidate's Name (required): Lisa Brainard Watson
 Candidate's mailing address (required): 1040 N. Sierra Hermosa Dr
 Candidate's email address (required): lbrainard1@cox.net
 Candidate's phone number (required): (602) 640-1936
 Candidate's website (if any): _____

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: Litchfield Park District (if applicable): _____
City Council

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):
 (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)

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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City of Litchfield Park

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1040 N. Sierra Hermosa Dr., Litchfield Park 85340
Committee's email address (required): lbrainard1@cox.net
Committee's phone number (if any): (623) 640-1930
Committee's website (if any): None

Chairperson's Information:

Chairperson's name (required): Lisa Brainard Watson
Chairperson's physical address (required): 1040 N. Sierra Hermosa Dr., Litchfield Park 85340
Chairperson's mailing address (if different): Same
Chairperson's email address (required): Same as above
Chairperson's phone number (required): Same
Chairperson's employer (required): retired - AZ State Retirement System
Chairperson's occupation (required): retired teacher

Treasurer's Information:

Treasurer's name (required): Lisa Brainard Watson
Treasurer's physical address (required): Same as above
Treasurer's mailing address (if different): Same as above
Treasurer's email address (required): Same as above
Treasurer's phone number (required): Same as above
Treasurer's employer (required): Same as above
Treasurer's occupation (required): Same as above

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

Bank name (required): Chase Bank
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: Lisa Brainard Watson Date: 8/23/18

Treasurer's signature: Lisa Brainard Watson Date: 8/23/18

Candidate's signature (if applicable): Lisa Brainard Watson Date: 8/23/18