



STATE OF ARIZONA
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION

CITY OF TUCSON
RECEIVED

15 OCT 28 P3:43

- Initial Registration
- Amended Statement
- Out of State Committee
- Standing Political Committee

Titles 16 & 19, Arizona Revised Statutes
Definitions, statutory references and important information on page 2.

OFFICE OF THE CLERK
COMMITTEE ID NUMBER
200002266

NAME OF POLITICAL COMMITTEE (For ballot measure committee, name shall include official petition serial number) CASA GRANDE FIRE FIGHTERS PAC		DATE 07/21/2015	
TYPE OF COMMITTEE SEGREGATED FUND (STANDING)		BALLOT MEASURE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
COMMITTEE ADDRESS 811 E DUST DEVIL CIR		CITY SAN TAN VALLEY	STATE AZ
COMMITTEE MAILING ADDRESS (if different from above) 811 E DUST DEVIL CIR		CITY SAN TAN VALLEY	STATE AZ
COMMITTEE TELEPHONE # (623) 238-2075	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS CHRIS.CAUTHEN@YAHOO.COM	
NAME OF SPONSORING ORGANIZATION (if applicable) CASA GRANDE FIRE FIGHTER'S ASSOCIATION LOCAL 3752		TYPE OF ORGANIZATION FIRE DEPARTMENT UNION	
ADDRESS OF SPONSORING ORGANIZATION PO BOX 11114 CASA GRANDE AZ 85230		RELATIONSHIP TO POLITICAL COMMITTEE SPONSORING ORGANIZATION	
EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).			
NAME OF COMMITTEE CHAIRMAN RYAN J. LITRELL		CHAIRMAN'S TELEPHONE #	CHAIRMAN'S FAX #
CHAIRMAN'S ADDRESS 6160 S SILVER DR		CITY CHANDLER	STATE AZ
CHAIRMAN'S OCCUPATION FIREFIGHTER	CHAIRMAN'S EMPLOYER CITY OF CASA GRANDE	CHAIRMAN'S EMAIL ADDRESS	
NAME OF COMMITTEE TREASURER CHRISTOPHER CAUTHEN		TREASURER'S TELEPHONE #	TREASURER'S FAX #
TREASURER'S ADDRESS 811 E DUST DEVIL CIR		CITY SAN TAN VALLEY	STATE AZ
TREASURER'S OCCUPATION FIREFIGHTER	TREASURER'S EMPLOYER CITY OF CASA GRANDE	TREASURER'S EMAIL ADDRESS	
LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)			
1. PINAL COUNTY FED. CREDIT UNION	2.	3.	
FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (For Exploratory Committees party affiliation and office sought are optional.)			
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI")			ELECTION CYCLE
CANDIDATE OR DI'S TELEPHONE #	CANDIDATE OR DI'S FAX #	COUNTY OF RESIDENCE	
CANDIDATE OR DI'S ADDRESS	CITY	STATE	ZIP
CANDIDATE OR DI'S EMAIL ADDRESS	PARTY AFFILIATION	OFFICE SOUGHT	

Committee ID: 200002266
 Date: 07/21/2015
 Form ID: 0000332688



STATE OF ARIZONA
 POLITICAL COMMITTEE
 STATEMENT OF ORGANIZATION

YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:

BOX 1 All committees require the signature of both the chairman and treasurer. Standing Committees, see BOX 3 below.

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned chairman and treasurer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 10-28-15 Chairman's signature: [Signature]
 Date: 10-28-15 Treasurer's signature: [Signature]

BOX 2 Complete and sign this additional box only if the committee is a candidate's campaign committee or exploratory committee.

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above -named political committee as my political committee to receive contributions and make expenditures on my behalf.

Date: _____ D/I's or Candidate's signature: _____

BOX 3 Complete and notarize this box only if the committee has been in existence for more than one year and is filing for Standing Committee status.

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. §16 -902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: 10-28-15 Chairman's signature: [Signature]
 Date: 10-28-15 Treasurer's signature: [Signature]

State of Arizona)
 County of Maricopa) ss.

State of Arizona)
 County of Maricopa) ss.

SUBSCRIBED AND SWORN TO before me this 10-28-15 My Commission Expires: 08-10-17
[Signature]
 Notary Public

SUBSCRIBED AND SWORN TO before me this 10-28-15 My Commission Expires: 8-10-17
[Signature]
 Notary Public

NOTARY PUBLIC
 STATE OF ARIZONA
 Maricopa County
 STEPHANIE SCOW
 My Commission Expires August 06, 2017

NOTARY PUBLIC
 STATE OF ARIZONA
 Maricopa County
 STEPHANIE SCOW
 My Commission Expires August 06, 2017