

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CC2020-03

**Received electronically on
 03/16/2020 - EAB**

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Sharron for FH Town Council
 (first or last name & office)

Candidate Information: Candidate's Name (required): Sharron "Blue" Grzykowski
 Candidate's mailing address (required): 16714 E. Ave of the Falls FH 85268
 Candidate's email address (required): SharronGrizBlue@gmail.com
 Candidate's phone number (required): 480.427.0056
 Candidate's website (if any): SharronGrizBlue.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: Town Council District (if applicable): _____

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

Party Affiliation: (required for partisan offices)
 Democrat Green Libertarian Republican Other: _____

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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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 110714 E Ave of the Falls FH 85208
Committee's email address (required): Sharon.Griz.Blue@gmail.com
Committee's phone number (if any): 480.427.0056
Committee's website (if any): Sharon.Griz.Blue.Com

Chairperson's Information:

Chairperson's name (required): Scott Grzybowski
Chairperson's physical address (required): 110138 E Thistle Dr FH 85208
Chairperson's mailing address (if different): 110714 E Ave of the Falls FH 85208
Chairperson's email address (required): 480.427.0056 Sharon.Griz.Blue@gmail.com
Chairperson's phone number (required): 480.427.0056
Chairperson's employer (required): Confluent
Chairperson's occupation (required): Software engineer

Treasurer's Information:

Treasurer's name (required): Sharon Grzybowski
Treasurer's physical address (required): 110138 E Thistle Dr FH 85208
Treasurer's mailing address (if different): 110714 E Ave of the Falls FH 85208
Treasurer's email address (required): Sharon.Griz.Blue@gmail.com
Treasurer's phone number (required): 480.427.0056
Treasurer's employer (required): self
Treasurer's occupation (required): Retail sales

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

Bank name (required): Washington Federal Wells Fargo
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: [Signature] Date: 3/10/2020

Treasurer's signature: [Signature] Date: 3/10/2020

Candidate's signature (if applicable): [Signature] Date: 3/10/2020