



COMMITTEE ID NUMBER (office use only) RZZ024-002

ITTE	E TYPE (choose one):	
/	☐ Candidate	200 Com 12 1/24
	Committee Name (required):	2 regjer 4 marana, comos fizillato
	(first or last name & office)	Candidate's Name (required): Koxanne Zitgiti
	Candidate Information:	Candidate's Name (required): No range Custon Sky De Tissal AZ
		Candidate's mailing address (required): 7460 W. Mountain 5ky Dr Tussy, AZ 45
		Candidate's email address (required): The wife of the control of t
		Candidate's phone number (required): 522-465-1210
		Candidate's website (if any): Tics for 4 marana; or com 12 1111
	Office Sought (choose one):	□ County Office: □ □District (if applicable): □
		District (if applicable):
	j	□ School Board Office: □ District (if applicable): □ Special District Board: □ □ District (if applicable): □ □ Special District Board: □ □ Special District (if applicable): □ Specia
	Election Cycle for Office Soug	tht (year the election will take place) (required);
	Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
	Committee Name (required): (if sponsored, must include	-
	sponsor's name)	
	/ Offical / difficion (options)	☐ 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	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
	(if applicable)	The complete separate standing committee registration)
	(* -F1 /	☐ Standing Committee (must also complete separate standing committee (must also complete separate standing committee) (amended applications only ECEIVED) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only ECEIVED)
		JAN 3 1 2024
	☐ Political Party	M/ In
	Committee Name (required): (must include party affiliation)	Town of Marana Clerk's (
	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)
		and the contract standing committee registration)
	Special Status (if applicable)	☐ Standing Committee (must also complete separate standing committee registration) RECEIVED





COMMITTEE ID NUMBER (office use only)

122024-002

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 1460 W Mountain 5ky Dr. Tulson, AZ 854
Someon mileting	Committee's email address (required):
Chairperson's Information:	$60\lambda - 10.6 - 10.10$
	Committee's priorie number (if arry).
	COMMITTEE S WEDSILE (II dity).
	Chairperson's name (required): No Kanne Cicylor
	Chairperson's physical address (required): 7460 W. Mountain Sky W. Tix sin, Az 85743
	Chairperson's mailing address (if different):
	Chairperson's email address (required): DXannz 2 2000 & Jahoc. Com
	Chairperson's phone number (required): 520-465-1210
	Chairperson's employer (required):
	Charperson's employer (required).
	Chairperson's occupation (required): N/A Transverse name (required): Beatriz Torres
Treasurer's Information:	Treasurer's name (required): 1201112 10712
	Treasurer's physical address (required): 1311N. Sunday is kd. 135 Marting.
	Treasurer's name (required): 13377 N. Sandaria Rd. #153 Maran, P2 85 Treasurer's physical address (required): 13577 N. Sandaria Rd. #153 Maran, P2 856 Treasurer's mailing address (if different): 1358 W. 1 (PC stone St. Marana, AZ 8565)
	Treasurer's email address (required): Waaniba Towns @ act. com
	Treasurer's phone number (required): 309-289-8630
	Treasurer's employer (required): W/A
	l nila
	Treasurer's occupation (required): Rank name (required): Well's Farge Brank - Silver bell a Cortaro
Bank or Financial Institution:	Bank Hame (required).
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
<u> </u>	
TION AND SIGNATURES:	

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I declare under penalty of perjury that the foregoing information on treasurer of the committee named hereicommittee and authorize it to receive/make contribution campaign finance and reporting guide; (4) agree to cor §§ 16-901 to 16-938; and (5) agree to accept all notific	in, if applicable; (2) designate the above-na ns/expenditures on my behalf, if applicable moly with Arizona election law, including ca	amed c ; (3) ha ampaig	ave rea n finan	d the Secretary of State's ce laws codified at A.R.S.
address(es) provided herein.		2	i	

Chairperson's signature:

Treasurer's signature:

Date:

Candidate's signature (if applicable):

RECEIVED

JAN 3 1 2024

RECEIVED

JAN 25 2024

Town of Marana Clerk's Office