

- ☒ Initial Application
☒ Amended Application

Date: 10-1-2025

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)C25-02

COMMITTEE TYPE (choose one):

☒ **Candidate**Committee Name (required): Elect Lisa Askey
(first or last name & office)

Candidate Information:

Candidate's Name (required): Lisa AskeyCandidate's mailing address (required): 2301 E Indian Wells DrCandidate's email address (required): lisa@lisaaskey.comCandidate's phone number (required): (480) 899-9301Candidate's website (if any): www.lisaaskey.com

Office Sought (choose one):

☒ County Office:☒ District (if applicable):☒ City/Town Office: Chandler Councilmember☒ District (if applicable): n/a☒ School Board Office:☒ District (if applicable): n/a☒ Special District Board:☒ District (if applicable): n/aElection Cycle for Office Sought (year the election will take place) (required): 2026

Party Affiliation:

(required for partisan offices)

☒ Democrat☐ Green☐ Libertarian☐ Republican☒ Other: Non-Partisan☐ **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 ExpendituresSponsorship 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 STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
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C25-02

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 2301 E Indian Wells Dr, Chandler, AZ 85249
Committee's email address (required): lisa@lisaaskey.com
Committee's phone number (if any): (480) 899-9301
Committee's website (if any): www.lisaaskey.com

Chairperson's Information: Chairperson's name (required): Lisa Askey
Chairperson's physical address (required): 2301 E Indian Wells Dr, Chandler, AZ 85249
Chairperson's mailing address (if different): _____
Chairperson's email address (required): lisa@lisaaskey.com
Chairperson's phone number (required): (480) 899-9301
Chairperson's employer (required): Self-Employed
Chairperson's occupation (required): Business Owner

Treasurer's Information: Treasurer's name (required): Charles Schinke
Treasurer's physical address (required): 2458 S Salida del Sol, Chandler, AZ 85286
Treasurer's mailing address (if different): _____
Treasurer's email address (required): cdmschinke@q.com
Treasurer's phone number (required): (480) 620-8934
Treasurer's employer (required): JP Morgan Chase
Treasurer's occupation (required): Risk Manager

Bank or Financial Institution: Bank name (required): Midfirst Bank
(do not list acct numbers) 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 Askey Date: 10-1-25

Treasurer's signature: Charles Schinke Date: 10/1/25

Candidate's signature (if applicable): Lisa Askey Date: 10-1-25