

## STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION



COMMITTEE TYPE (choose one):

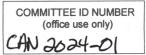
| Candidate                       |  |  |  |
|---------------------------------|--|--|--|
| Committee Name (required):      | Chris Glover for Mesa 2024   |  |  |
| (first or last name & office)   |  |  |  |
| Candidate Information:          | Candidate's Name (required): Christopher Glover                                    |  |  |
|                                 | Candidate's mailing address (required): 1263 East 2nd PI Mesa, AZ 85203            |  |  |
|                                 | Candidate's email address (required): cmcjglover@gmail.com                         |  |  |
|                                 | Candidate's phone number (required): (480) 694-1993                                |  |  |
| 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  |  |  |
|                                 | State Senate State House of Representatives District (required):                   |  |  |
|                                 | County Office: District (if applicable): CO  |  |  |
|                                 | City/Town Office: Mesa   |  |  |
|                                 | City/Town Office: Mesa District (if applicable):                                   |  |  |
|                                 |  |  |  |
| Party Affiliation:              | Democrat Green Libertarian Republican Other:                                       |  |  |
| (required for partisan offices) |  |  |  |

| Political Action Comm  | nittee (PAC)   |  |
|--|--|--|
| Committee Name (required):<br>(if sponsored, must include<br>sponsor's name) |  |  |
| Political Function (optional):   | Contributions Candidate-Related Independent Expenditures   |  |
| (select any that apply)  | Ballot Measure Expenditures     I 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)  | Standing Committee (must also complete separate standing committee registration)                 |  |
|  | □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) |  |

| D Political Party  |  |
|--|--|
| Committee Name (required):<br>(must include party affiliation) |  |
| Jurisdiction:  | <ul> <li>State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)</li> <li>County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> <li>Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)</li> <li>City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> </ul> |
| Special Status<br>(if applicable)                              | Standing Committee (must also complete separate standing committee registration)   |



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## COMMITTEE INFORMATION:

| Contact Information:           | Committee's mailing address (required): 1263 East 2nd Pl Mesa, AZ 85203    |
|--------------------------------|--|
|                                | Committee's email address (required): cmcjglover@gmail.com                 |
|                                | Committee's phone number (if any): (480) 694-1993                          |
|                                | Committee's website (if any):  |
| Chairperson's Information:     | Chairperson's name (required): Christopher Glover                          |
|                                | Chairperson's physical address (required): 1263 East 2nd Pl Mesa, AZ 85203 |
|                                | Chairperson's mailing address (if different):                              |
|                                | Chairperson's email address (required): cmcjglover@gmail.com               |
|                                | Chairperson's phone number (required): (480) 694-1993                      |
|                                | Chairperson's employer (required): Arizona Anti-Trafficking Network        |
|                                | Chairperson's occupation (required): Program Director                      |
| Treasurer's Information:       | Treasurer's name (required): Christopher Glover                            |
|                                | Treasurer's physical address (required): 1263 East 2nd PI Mesa, AZ 85203   |
|                                | Treasurer's mailing address (if different):                                |
|                                | Treasurer's email address (required): cmcjglover@gmail.com                 |
|                                | Treasurer's phone number (required): (480) 694-1993                        |
|                                | Treasurer's employer (required): Arizona Anti-Trafficking Network          |
|                                | Treasurer's occupation (required): Program Director                        |
| Bank or Financial Institution: | Bank name (required): Wells Fargo  |
| (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:               | Date: 09/23/2021 |
|--|------------------|
| Treasurer's signature:                 | Date: 09/23/2021 |
| Candidate's signature (if applicable): | Date:            |