

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CAN2024-06

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Elect Eddie Levins
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Dr. Eddle C. Levins

Candidate's mailing address (required): 1460 N. 62nd Street

Candidate's email address (required): elevins@levinsgroup.com

Candidate's phone number (required): (480) 206-7086

Candidate's website (if any): Campaign website pending development

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: Mayor, City of Mesa District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

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

2023 SEP -5 AM 8:25
 MESA CITY CLERK

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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STATE OF ARIZONA
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 5646 E. Main Street, Suite 3, Mesa, AZ 85205
Committee's email address (required): elevins@levinsgroup.com
Committee's phone number (if any): _____
Committee's website (if any): Website pending development

Chairperson's Information: Chairperson's name (required): Julius Jones
Chairperson's physical address (required): 7779 W. Pipestone Place, Phoenix, AZ 85035
Chairperson's mailing address (if different): 5646 E. Main Street, Suite 3, Mesa, AZ 85205
Chairperson's email address (required): Jonesju@kean.edu
Chairperson's phone number (required): (908) 338-3644
Chairperson's employer (required): State of Arizona
Chairperson's occupation (required): Accountant

Treasurer's Information: Treasurer's name (required): Julius Jones
Treasurer's physical address (required): 7779 W. Pipestone Place, Phoenix, AZ 85035
Treasurer's mailing address (if different): 5646 E. Main Street, Suite 3, Mesa, AZ 85205
Treasurer's email address (required): Jonesju@kean.edu
Treasurer's phone number (required): (908) 338-3644
Treasurer's employer (required): State of Arizona
Treasurer's occupation (required): Accountant

Bank or Financial Institution: Bank name (required): Bank of American
(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. §§ 18-901 to 18-938; 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: Julius Jones Date: 8/31/23
Treasurer's signature: Julius Jones Date: 8/31/23
Candidate's signature (if applicable): [Signature] Date: 8/31/23