

Initial Application  
 Amended Application  
 Date: 06/28/2017



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
CAN2020-03

MESA CITY CLERK  
 2017 JUN 28 AM 11:12

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required):  
 (first or last name & office)

Glover for Mesa 2020

Candidate Information:

Candidate's Name (required): Christopher Glover  
 Candidate's mailing address (required): 1263 E. 2nd Pl Mesa AZ 85203  
 Candidate's email address (required): Cmcmglover@gmail.com Cmcmglover@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  District (required): \_\_\_\_\_

County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: Mayor  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)

Initial Application

Amended Application

Date: 06/28/2017



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

MESA CITY CLERK

2017 JUN 28 AM 11:12

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1263 E 2nd Pl Mesa AZ 85203

Committee's email address (required): cmglover@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 E. 2nd Pl Mesa AZ 85203

Chairperson's mailing address (if different): \_\_\_\_\_

Chairperson's email address (required): cmglover@gmail.com

Chairperson's phone number (required): 480.694.1993

Chairperson's employer (required): Arizona State University

Chairperson's occupation (required): Professor

Treasurer's Information:

Treasurer's name (required): Christopher Glover

Treasurer's physical address (required): 1263 E. 2nd Pl Mesa AZ 85203

Treasurer's mailing address (if different): \_\_\_\_\_

Treasurer's email address (required): cmglover@gmail.com

Treasurer's phone number (required): 480.694.1993

Treasurer's employer (required): Arizona State University

Treasurer's occupation (required): Professor

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: Christopher Glover Date: 6.28.17

Treasurer's signature: Christopher Glover Date: 6.28.17

Candidate's signature (if applicable): Christopher Glover Date: 6.28.17