

Initial Application
 Amended Application
Date: 06/29/2017



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION
MESA CITY CLERK

COMMITTEE ID NUMBER
(office use only)

CAN 2020-04

COMMITTEE TYPE (choose one):

2017 JUN 29 PM 2:54

Candidate

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

John Giles for Mayor

Candidate Information:

Candidate's Name (required):

John C. Giles

Candidate's mailing address (required):

2625 N. 24TH ST. #14, MESA, AZ 85213

Candidate's email address (required):

john.gilesformayor@gmail.com

Candidate's phone number (required):

480-964-3505

Candidate's website (if any):

John Giles for Mayor

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:

Democrat Green Libertarian Republican Other: _____

(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required):

(if sponsored, must include sponsor's name)

Political Function (optional):

Contributions Candidate-Related Independent Expenditures

(select any that apply)

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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COMMITTEE ID NUMBER
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CAN2020-04

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 238 W. Second Street Mesa, AZ 85201
Committee's email address (required): john.giles.for.mayor@gmail.com
Committee's phone number (if any): 480-964-3505
Committee's website (if any): John Giles for Mayor

Chairperson's Information:

Chairperson's name (required): Beth Coons
Chairperson's physical address (required): 1539 E Elmwood Cir, Mesa AZ 85203
Chairperson's mailing address (if different): same
Chairperson's email address (required): bethcoons@gmail.com
Chairperson's phone number (required): 480 833 5763
Chairperson's employer (required): Farnsworth Companies
Chairperson's occupation (required): Chairman

Treasurer's Information:

Treasurer's name (required): Jennifer G. Leavitt
Treasurer's physical address (required): 723 N. Orange Cir, Mesa, AZ 85201
Treasurer's mailing address (if different): same
Treasurer's email address (required): jenni@gilesdicksonlaw.com
Treasurer's phone number (required): 480-964-3505
Treasurer's employer (required): Giles & Dickson, P.C.
Treasurer's occupation (required): Legal Assistant

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): Alliance Bank of Arizona
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: Beth J. Coons Date: 6/29/2017
Treasurer's signature: Jennifer G. Leavitt Date: 6/29/2017
Candidate's signature (if applicable): John Giles Date: 6/29/2017