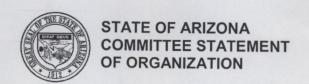
COMMITTEE ID NUMBER (office use only) CAN2024-13

COMMITTEE TYPE (choose one):

RECEIVED

| Candidate | By Lisa Anderson at 8:22 am, Ma | | |
|--|--|---|--|
| Committee Name (required): (first or last name & office) | Marc Lavender for Mesa | | |
| Candidate Information. | Candidate's Name (required): Jame Marcus | "Marc" Lav øder | |
| | Candidate's mailing address (required): 223 | | |
| | Candidate's email address (required): mar cfor me @g mil.com Candidate's phone number (required): (4 0) 2 3853 20 | | |
| | | | |
| | Candidate's priorie number (required). | | |
| Office Sought (choose one): | County Office: | | |
| | City/Town Office: Mes a | | |
| | School Board Office: | □ District (if applicable) 3 | |
| | □ Special District Board | | |
| Election Cycle for Office Soug | the election will take place) (required | | |
| Party Affiliation; (required for partisan offices) | ■ Democrat | Republican Other: N/ A | |
| □ Political Action Comm | nittee (PAC) | | |
| Committee Name (required): (if sponsored, must include sponsor's name) | 7-11 | | |
| Political Function (optional): | ☐ Contributions ☐ Candidate-Related | ontributions Candidate-Related Independent Expenditures | |
| (select any that apply) | | Recall Expenditures | |
| Sponsorship Information: | Spansor's name or nickname (required): | | |
| (if applicable) | | | |
| (,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | |
| | Sponsor's website (if any): | | |
| Special Status | ☐ Separate Segregated Fund of a Corporation | on, LLC, Partnership, or Union | |
| (if applicable) | ☐ Standing Committee (must also complete | | |
| | ☐ Mega PAC (must provide proof of Mega P | AC status to filing officer) (amended applications only) | |
| | | | |
| ☐ Political Party | | | |
| Committee Name (required): (must include party affiliation) | | | |
| Jurisdiction: | | ation pursuant to A.R.S. § 16-801 or § 16-804) | |
| | | fication pursuant to A.R.S. § 16-802 or § 16-804) | |
| | | oof of organization pursuant to A.R.S. § 16-823) qualification pursuant to A.R.S. § 16-802 or § 16-804) | |
| | and the state of t | qualification pursuant to rain, o. 9 10-002 of 9 10-004) | |
| Special Status (if applicable) | Standing Committee (must also complete | separate standing committee registration) | |

| | Initial Application | |
|----|---------------------|--|
| | Amended Application | |
| Da | te: | |
| Da | te: | |



COMMITTEE ID NUMBER (office use only)

CAN2024-13

COMMITTEE INFORMATION:

| / | Contact Information: | Committee's mailing address (required): 2234 S Cottonwood, Mesa, AZ 85202 | |
|---|--------------------------------|---|--|
| | | Committee's email address (required): marcformesa@gmail.com | |
| | | Committee's phone number (if any): (480) 283-5302 | |
| | | Committee's website (if any): | |
| | Chairperson's Information: | Chairperson's name (required): Alfred "Al" Reyes | |
| | | Chairperson's physical address (required): 1664 W. EncinAs 5t, 61621 Az | |
| | | Chairperson's mailing address (if different): 3107 E. Chambers St., PHoenix, to | |
| | | Chairperson's email address (required): ALD Laurance Infer Az. Com | |
| | | Chairperson's phone number (required): 602-326-839/ | |
| | | Chairperson's employer (required): Laurance Paper Company | |
| | | Chairperson's occupation (required): Owner | |
| | Treasurer's Information: | Treasurer's name (required): Cheryl Myers | |
| | | Treasurer's physical address (required): 2807 5 Standage | |
| | | Treasurer's mailing address (if different): | |
| | | Treasurer's email address (required): CLMYERS 68 @gma: Com | |
| | | Treasurer's phone number (required): 480 299 2982 | |
| | | Treasurer's employer (required): Robert 1617 | |
| | | Treasurer's occupation (required): Acountant | |
| | Bank or Financial Institution: | Bank name (required): Wells Fargo | |
| | (do not list acct numbers) | Additional bank name (if applicable): | |
| 1 | | Additional bank name (if applicable): | |

DECLARATION AND SIGNATURES:

| I declare under penalty of perjury that the foregoing information is true and correct chairperson or treasurer of the committee named herein, if applicable; (2) designs committee and authorize it to receive/make contributions/expenditures on my beh campaign finance and reporting guide; (4) agree to comply with Arizona election I §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of address(es) provided herein. | ate the above-named committee as my official candidate alf, if applicable; (3) have read the Secretary of State's aw. including campaign finance laws codified at A.R.S. |
|---|--|
| Chairperson's signature: | Date: |
| Treasurer's signature: | Date: 5/19/24 |
| Candidate's signature (if applicable): | Date: 5/21/24 |