

Initial Application
 Amended Application
Date: 1/10/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN 2020-01

COMMITTEE TYPE (choose one):

Candidate

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

MARK FREEMAN CAMPAIGN

Candidate Information:

Candidate's Name (required): MARK FREEMAN

Candidate's mailing address (required): 1118 E LOCKWOOD ST. MESA 85203

Candidate's email address (required): MARKAFREEMAN2003@yahoo.com

Candidate's phone number (required): 602-309-9147

Candidate's website (if any): WWW.MARKFREEMANFORMESA.COM

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: COUNCIL District (if applicable): _____

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

Party Affiliation:
(required for partisan offices)

Democrat Green Libertarian Republican Other: _____

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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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COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1118 E. LOCKWOOD ST., MESA AZ 85203
Committee's email address (required): MARKA.FREEMAN2003@YAHOO.COM
Committee's phone number (if any): _____
Committee's website (if any): WWW.MARKFREEMANFORMESA.COM

Chairperson's Information:

Chairperson's name (required): LEEANN FREEMAN
Chairperson's physical address (required): 1118 E. LOCKWOOD ST., MESA 85203
Chairperson's mailing address (if different): _____
Chairperson's email address (required): MARKA.FREEMAN2003@YAHOO.COM
Chairperson's phone number (required): 480-962-0429
Chairperson's employer (required): HOUSE ENGINEER
Chairperson's occupation (required): HOUSE ENGINEER

Treasurer's Information:

Treasurer's name (required): THERESA A. CARMICHAEL
Treasurer's physical address (required): 421 E. UNIVERSITY DR MESA 85203
Treasurer's mailing address (if different): _____
Treasurer's email address (required): CPA@TCCPA.COM
Treasurer's phone number (required): 480-649-9550
Treasurer's employer (required): T. CARMICHAEL, P.C.
Treasurer's occupation (required): CPA

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

Bank name (required): WELLS FARGO BANK
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:

X Leeann Freeman

Date:

X 1/13/2020

Treasurer's signature:

Theresa A. Carmichael

Date:

1/10/2020

Candidate's signature (if applicable):

X Marka Freeman

Date:

X 1/13/2020