

Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
 CAN 2024-02

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): MARK for MESA Mayor  
 (first or last name & office)

Candidate Information:

Candidate's Name (required): MARK A. 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): 480 962 0429

Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):

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

City/Town Office: MESA - MAYOR  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): 2024

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)

MESA CITY CLERK  
 2023 MAR 14 PM 2:05

**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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CAN 2024-02

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 421 E. UNIVERSITY DR, MESA, AZ 85203  
Committee's email address (required): MARKAFREEMAN2003@YAHOO.COM  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): CRAIG FREEMAN  
Chairperson's physical address (required): 1615 E. LAUREL CIR. MESA 85203  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): CFREEMAN76@COX.NET  
Chairperson's phone number (required): 602 525 8115  
Chairperson's employer (required): NONE  
Chairperson's occupation (required): RETIRED

**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:** Bank name (required): FIRST FIDELITY BANK  
(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: [Signature] Date: 3/14/2023

Treasurer's signature: [Signature] Date: 3/14/2023

Candidate's signature (if applicable): Mark Freeman Date: 3/13/2023