☐ Initial Application ☐ Amended Application Date: 04/05/2023



COMMITTEE ID NUMBER (office use only)

CAN2024-02

City Clerk Received
COMMITTEE TYPE (choose one):
4/10/2023

| ■ Candidate  |  |  |  |
|--|--|--|--|
| Committee Name (required):<br>(first or last name & office)  | Mark For Mesa Mayor  |  |  |
| Candidate Information:   | Candidate's Name (required): Mark A. Freeman   |  |  |
|  | Candidate's mailing address (required): 1118 E. Lockwood Mesa, AZ                                  |  |  |
|  | 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):  |  |  |
| Floring Ovels for Office 2   |  |  |  |
| шесноп сусте тот Опісе Sou   | ght (year the election will take place) (required): August 2024                                    |  |  |
| Party Affiliation:<br>(required for partisan offices)  | ■ Dernocrat ■ Green ■ Libertarian ■ Republican ■ Other:  |  |  |
| ■ Political Action Comp<br>Committee Name (required):<br>if sponsored, must include<br>sponsor's name) | mittee (PAC)   |  |  |
| Political Function (optional):   | □ Contributions □ Candidate-Related Independent Expenditures                                       |  |  |
| (select any that apply)  | □ Ballot Measure Expenditures □ Recall Expenditures  |  |  |
| solver any mar apply   | a Pallot Hodasaro Exportationo   |  |  |
| Sponsorship Information:   | Sponsor's name or nickname (required):   |  |  |
| (if app <mark>licab</mark> le)   | Sponsor's mailing address (required):  |  |  |
|  | Sponsor's email address (required):  |  |  |
|  | Sponsor's phone number (if any):   |  |  |
|  | Sponsor's website (if any):  |  |  |
| Special Status   | ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union                            |  |  |
| if applicable)   | ☐ 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)<br>(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<br>(if applicable)  | ■ Standing Committee (must also complete separate standing committee registration)                 |  |  |

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## 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): Richard J. Adams, Jr.                          |
|   |                                | Chairperson's physical address (required): 123 N Centennial Way, Suite 135    |
|   |                                | Chairperson's mailing address (if different):                                 |
|   |                                | Chairperson's email address (required): Rjanacm@gmail.com                     |
|   |                                | Chairperson's phone number (required): 602-252-8866                           |
|   |                                | Chairperson's employer (required): Credit Management Association              |
|   |                                | Chairperson's occupation (required): CEO                                      |
|   | Treasurer's Information:       | Treasurer's name (required): Theresa A. Carmichael                            |
|   |                                | Treasurer's physical address (required): 421 E. University Dr. Mesa, Az 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. chairperson or treasurer of the committee named herein, if applicable; (2) designate committee and authorize it to receive/make contributions/expenditures on my beha   | e the above-named committee as my official candidate<br>ilf, if applicable; (3) have read the Secretary of State's |
|---|--|--|
|   | campaign finance and reporting guide; (4) agree to comply with Arizona election lates and the second of the second |  |
|   | §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of praddress(es) provided herein.   | rocess for campaign illiance purposes via the email  |
|   | Chairperson's signature:   | Date: 4/5/2023   |
|   | Treasurer's signature:   | Date: <u>4/07/23</u>   |
|   | Candidate's signature (if applicable):   | Date: 4/5/2023   |
| - |  |  |