

Initial Application
 Amended Application
 Date: 4/13/20



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

CITY CLERK'S

COMMITTEE ID NUMBER
 (office use only)
MC20-2

COMMITTEE TYPE (choose one):

APR 03 2020

Candidate

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

Candidate Information:

Lavender For CG City Council

OFFICE

Candidate's Name (required): Jeff Lavender

Candidate's mailing address (required): 1212 E. Clearview Dr. Casa Grande, AZ 85122

Candidate's email address (required): lavenderjeff@ymail.com

Candidate's phone number (required): 520-560-8490

Candidate's website (if any): _____

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: City Council District (if applicable): _____

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

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: Sponsor's name or nickname (required): _____
 (if applicable) 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): _____
 (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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1212 E. Clearview Dr. Cave Creek, AZ 85122
Committee's email address (required): lavenderjeff@gmail.com

Committee's phone number (if any): 520-560-8490

Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Kenny Salinas

Chairperson's physical address (required): 1649 E. Clover St.

Chairperson's mailing address (if different): _____

Chairperson's email address (required): KennySalinas70@gmail.com

Chairperson's phone number (required): 520-705-5867

Chairperson's employer (required): Arizona Public Service

Chairperson's occupation (required): Lineman

Treasurer's Information:

Treasurer's name (required): Gracy Lavender

Treasurer's physical address (required): 1212 E. Clearview Dr.

Treasurer's mailing address (if different): _____

Treasurer's email address (required): gracy-lavender@hotmail.com

Treasurer's phone number (required): 520-705-4458

Treasurer's employer (required): Victorias Beauty Salon

Treasurer's occupation (required): Hairdresser

Bank or Financial Institution:

(do not list acct numbers)

Bank name (required): Great Western Bank

Additional bank name (ifapplicable): _____

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:

Date: 4-2-2020

Treasurer's signature:

Date: 4.2.2020

Candidate's signature (if applicable):

Date: 4-2-20