

☐ 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)

Lavender For CG City Council

Candidate Information:

Candidate's Name (required):

Jeff Lavender

Candidate's mailing address (required):

1212 E. Clearview Dr. Casa Grande

Candidate's email address (required):

lavenderjeff@gmail.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):
(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)

☐ Initial Application
☐ Amended Application
Date: _____



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. Casa Grande, AZ
Committee's email address (required): lavenderjeff@gmail.com 85122
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): Victoria's Beauty Salon
Treasurer's occupation (required): Hairstylist

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

Bank name (required): Great Western 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: _____

Date: 4-2-2020

Treasurer's signature: _____

Date: 4.2.2020

Candidate's signature (if applicable): _____

Date: 4-2-20