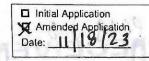




COMMITTEE ID NUMBER
(office use only)
PC 19 - 008
NOV 2 1 2023

COMMITTEE TYPE (choose one):

Candidate	m MA
Committee Name (required):	Friends of Leah Martineau
(first or last name & office)	_ TITCHAS OF LEAR MATTHEAG
Candidate Information:	Candidate's Name (required): Leah Martineay
	Candidate's email address (required): leah for ac & amail com
	Candidate's phone number (required): 450 343 - 1489
	Candidate's website (if any):
3	□ County Office: □ District (if applicable): □
,	
3	TOWN CANCIL
	City/Town Office: District (if applicable): School Board Office: District (if applicable):
	□ Special District Board: □ □ District (if applicable):
Election Cycle for Office Soug	tht (year the election will take place) (required): 2024
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other.
(required for partisan offices)	
☐ Political Action Comm	nittee (PAC)
□ Political Action Comm	nittee (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
Cananambia laformation	Canada de mora de minimo de minimo de mario de m
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
CONTRACTOR OF STATEMENT AND ST	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
	☐ Standing Committee (must also complete separate standing committee registration)
S-1-100	☐ 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)





COMMITTEE ID NUMBER (office use only)
PC 19 - 008

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 21783 E Estvella OCAZ &S
	Committee's email address (required): leah for gc @gmail.com
	Committee's phone number (if any): 480 343 1489
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): Shaun Martineau
	Treasurer's physical address (required): 21783 E Istrolla OCAZ 851
	Tanana da an Propinsi de Arte and Arte
	Treasurer's email address (required): Shaunmartineau@hotmail com
	Treasurer's phone number (required): 480 229 4886
	Treasurer's employer (required): Self emplaced
	Treasurer's occupation (required): Videocare phor
Bank or Financial Institution:	Bank name (required): RMO Harros
(do not list acct numbers)	
(do not list acct numbers)	Additional bank name (if applicable):
(do not list acct numbers)	Additional bank name (if applicable):
(do not list acct numbers)	
(do not list acct numbers) TION AND SIGNATURES:	
,	
TION AND SIGNATURES: I declare under penalty of per chairperson or treasurer of th committee and authorize it to campaign finance and reporti	Additional bank name (if applicable):
I declare under penalty of per chairperson or treasurer of th committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5) address(es) provided herein.	Additional bank name (if applicable):
TION AND SIGNATURES: I declare under penalty of per chairperson or treasurer of the committee and authorize it to campaign finance and reporting \$16-901 to 16-938; and (5)	Additional bank name (if applicable): gury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email Date:
I declare under penalty of per chairperson or treasurer of th committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5) address(es) provided herein.	Additional bank name (if applicable):
I declare under penalty of per chairperson or treasurer of th committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5) address(es) provided herein. Chairperson's signature:	Additional bank name (if applicable): gury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email Date: