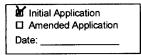
JUN 1 9 2017

CHANDLER CITY CLERK





COMMITTEE ID NUMBER (office use only)

СО

	Stewart for Chandler City Council Candidate's Name (required): Mark Stewart Candidate's mailing address (required): 2705 5. Bort left Place Chandle Candidate's email address (required): Mark C Stewart 4 Chandler. com
andidate Information:	Candidate's mailing address (required): 2705 9. Bortlett Place Chandle
	Candidate's mailing address (required): 2705 9. Bortlett Place Chandle
,	Candidate's email address (required):
1	Candidate's email address (required): 1100 C Steator 1 Texambre 1
	Candidate's phone number (required): 314 409 7279
	Candidate's website (if any): Stewart 4 Chandles . com
	☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer ☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissioner
	□ 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: Cty Counc. District (if applicable):
	J
Election Cycle for Office Sougl	ht (year the election will take place) (required):
arty / mmation.	□ Democrat □ Green □ Libertarian □ Republican □ Other:
required for partisan offices)	1
	
F. B. (W1 A -4) C	······································
□ Political Action Comm	
Committee Name (required): if sponsored, must include	
sponsor's name)	
Political Function (optional):	□ Contributions □ Candidate-Related Independent Expenditures
· · · · · · · · · · · · · · · · · · ·	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
	• • • • • • • • • • • • • • • • • • • •
select any that apply)	
select any that apply)	□ Ballot Measure Expenditures □ Recall Expenditures
select any that apply) Sponsorship Information: if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
select any that apply) Sponsorship Information: if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): □
select any that apply) Sponsorship Information: if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
select any that apply) Sponsorship Information: if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures 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):
select any that apply) Sponsorship Information: if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): □

Initial Application Amended Application	
Date:	



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

		200-CA 1140101 11 4 00010
	Contact Information:	Committee's mailing address (required): 2705 E Bart 1ct Pl Orunder Az 85249
/		Committee's email address (required): Markes territ 4 Chundler com
1		Committee's phone number (if any): 34 409 72 79
İ		Committee's website (if any): SowwfuChandler, Com
	Chairperson's Information:	Chairperson's name (required): Mark Stewart
		Chairperson's physical address (required): 2705 E Batlett 9 Chandler 1285247
		Chairperson's mailing address (if different):
		Chairperson's email address (required): Mark @ Stewart 4 Chandler. com
	*	Chairperson's phone number (required): (3/4) 409 -7279
		Chairperson's employer (required): Concept 2 Competium
		Chairperson's occupation (required): Entreocenuer
	Treasurer's Information:	Treasurer's name (required):
		Treasurer's physical address (required): 10537 F. NACOMA DRIVE CHANNER 8548
		Treasurer's mailing address (if different):
		Treasurer's email address (required): <u>SotterSen & COX.net</u>
	4	Treasurer's phone number (required): 602-768-8517
		Treasurer's employer (required): R.H. Durla LANDSCATING 14C
		Treasurer's occupation (required): OIERATIONS MANAGEX
\	Bank or Financial Institution:	Bank name (required): BMO Harris
	(do not list acct numbers)	Additional bank name (ifapplicable):
		Additional bank name (if applicable):
`		
DECLARAT	TION AND SIGNATURES:	•
- 1		rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as le 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
		ing 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
	address(es) provided herein.	
	Chairperson's signature:	VII. 112
	Chairperson's signature	Date:
	Treasurer's signature:	XCM / CV Date: 06/19/2017
		MAT
	Candidate's signature (if appl	licable):
		,