



COMMITTEE ID NUMBER (office use only) C17-16

(if applicable)

12 Candidate	A
ommittee Name (required): irst or last name & office)	ANKIT SURA FOR MAYOR
Candidate Information:	Candidate's Name (required): ANKIT SURP
	Candidate's mailing address (required): 850 W ORIOLE WAY, CHANDLER,
	Candidate's email address (required): chandler . mayor 2018 @ gmail.com
	Candidate's phone number (required): 443 500 5794
	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):
Election Cycle for Office Soug	ght (year the election will take place) (required):
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
required for partisan offices)	
Name of the last o	
☐ Political Action Comr	
Committee Name (required): (if sponsored, must include sponsor's name)	AUG 1 8 2017
1800 D	☐ Contributions ☐ Candidate-Related Independent Expenditures
Political Function (optional): (select any that apply)	□ Ballot Measure Expenditures □ Recall Expenditures □ CHANDLER CITY CLERI
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):
8. 2	Conserve Segregated Fund of a Corporation 11 C. Partnership or Union
	Standing Committee (must also complete separate standing committee registration)
(if applicable)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
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	
☐ Political Party Committee Name (required) (must include party affiliation	n)
Committee Name (required)	n) State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
Committee Name (required) (must include party affiliation	n) ☐ 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)
Committee Name (required) (must include party affiliation	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)
Committee Name (required) (must include party affiliation	n) ☐ 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)