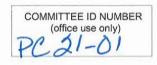
☐ Initial Application
☐ Amended Application
Date: 7 23 - 202





COMMITTEE TYPE (choose one):

☐ Candidate	JUL <b>2 3</b> 2021		
	CITY OF CHANDLER		
(first or last name & office)	CITY CLERK		
Candidate Information:	Candidate's Name (required):		
	Candidate's mailing address (required):		
	Candidate's email address (required):		
	Candidate's phone number (required):		
	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: ☐ District (if applicable):		
Election Cycle for Office Sou	ght (year the election will take place) (required):		
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:		
(required for partisan offices)			
(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):		
(ii applicable)	Sponsor's mailing address (required):		
(ii applicable)	Sponsor's email address (required):		
(u applicable)	Sponsor's email address (required):		
(ii applicable)	Sponsor's email address (required):		
	Sponsor's email address (required): Sponsor's phone number (if any):		
Special Status	Sponsor's email address (required):		
Special Status	Sponsor's email address (required):		
Special Status	Sponsor's email address (required):		
Special Status	Sponsor's email address (required):		
Special Status (if applicable)	Sponsor's email address (required):		
Special Status (if applicable)  Political Party Committee Name (required):	Sponsor's email address (required):		
Special Status (if applicable)  Political Party Committee Name (required): (must include party affiliation	Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  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)		
Special Status (if applicable)  Political Party Committee Name (required): (must include party affiliation	Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  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)		
Special Status (if applicable)  Political Party Committee Name (required): (must include party affiliation	Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  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)		
Special Status (if applicable)  Political Party Committee Name (required): (must include party affiliation	Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  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 ID NUMBER
(office use only)

PC 21-0 1

## COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	2198 e camelback rd suite 230 phoenix 85016
	Committee's email address (required):	info@yesforchandler.com
	Committee's phone number (if any):	
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required): Boyd	W Dunn
	Chairperson's physical address (required	): 2180 W Marlin Dr Chandler AZ 85286
	Chairperson's mailing address (if different	it):
	Chairperson's email address (required):	info@yesforchandler.com
	Chairperson's phone number (required):	602-308-0579
	Chairperson's employer (required): retir	red
	Chairperson's occupation (required): ret	
Treasurer's Information:	Treasurer's name (required): Trinity D	Donovan
	Treasurer's physical address (required):	2153 E Carla Vista PI Chandler, AZ 85225
	Treasurer's mailing address (if different):	
	Treasurer's email address (required): in	fo@yesforchandler.com
	Treasurer's phone number (required): 6	
	Treasurer's employer (required): AZCE	ND
	Treasurer's occupation (required): CEC	)
Bank or Financial Institution:	Bank name (required): Bank of Amer	ica
(do not list acct numbers)	Additional bank name (ifapplicable): Mic	dfirst Bank
**************************************	Additional bank name (if applicable): Alli	ance Bank

## DECLARATION AND SIGNATURES:

1		
	I declare under penalty of perjury that the foregoing information is true and correct. I fur chairperson or treasurer of the committee named herein, if applicable; (2) designate the committee and authorize it to receive/make contributions/expenditures on my behalf, if campaign finance and reporting guide; (4) agree to comply with Arizona election law, in §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of proceaddress(es) provided herein.	e above-named committee as my official candidate applicable; (3) have read the Secretary of State's noluding campaign finance laws codified at A.R.S.
	Chairperson's signature:	ate: 7/23/21
	Treasurer's signature:	ate: 7/23/21
\	Candidate's signature (if applicable): Da	ate: