☐ Initial Application ☐ Amended Application Date: <u>2/27/2017</u>



COMMITTEE ID NUMBER (office use only)

C17-03

COMMITTEE TYPE (choose one):

Committee Name (required):	
	KEVIN Hartke for Chandler Mayor
(first or last name & office)	JAN 1 4 / U
Candidate Information:	Candidate's Name (required): KEVIN Hartke
	Candidate's mailing address (required): 536 N Apache Dr CITY OF CHAND
	Candidate's email address (required): <u>kevinjhartke@gmail.com</u> CITY CLERK
	Candidate's phone number (required): 480 363 4433
	Candidate's website (if any): KEVIN hartke com
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 Ovelo for Office Save	
	the distribution will take place) (required): 2018 2522 (77)
	□ Democrat □ Green □ Libertarian □ Republican □ Other:
(required for partisan offices)	nittee (PAC)
□ Political Action Committee Name (required): (if sponsored, must include	nittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	nittee (PAC)
□ Political Action Committee Name (required): (if sponsored, must include	nittee (PAC)
Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	nittee (PAC)
Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	nittee (PAC) Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	nittee (PAC) Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	nittee (PAC) Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures Sponsor's name or nickname (required): Sponsor's email address (required): Sponsor's email address (required): Sponsor's phone number (if any):
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☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	Inittee (PAC) Contributions Candidate-Related Independent Expenditures 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):

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COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 536 N Apache Dr. Chandler 8522 9
	Committee's email address (required): KEVinjhartke @ ymusl.com
	Committee's phone number (if any):
	Committee's website (if any): KEVin hartke, com
Chairperson's Information:	Chairperson's name (required): KEVIN HAPTKE
	Chairperson's physical address (required): 536 N Apachs Dr Chandles 85224
	Chairperson's mailing address (if different):
	Chairperson's email address (required): Kevinjhartke@gmail.com
	Chairperson's phone number (required): 480 363 4433
	Chairperson's employer (required): Trinity Chaistien Fellowship /City of Chance
	Chairperson's occupation (required): Pastor City Council
Treasurer's Information:	Treasurer's name (required): Lynne Hartke
	Treasurer's physical address (required): 536 N. Apache Dr. Chandles 85224
	Treasurer's mailing address (if different):
	Treasurer's email address (required): 14nnshartks@ anl. com
	Treasurer's phone number (required): 480 688 6198
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required):
(do not list acct numbers)	Additional bank name (ifapplicable):
	Additional bank name (if applicable):

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ΑT	TION 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: Xein Harthe Date: 2/21/2017
	Treasurer's signature: dynne (Harthe Date: 2/27/2017
\	Candidate's signature (if applicable): 2 Leva Har L. Date: 2/27/2017