

Initial Application
 Amended Application
Date: 2/27/2017



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C17-03

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Kevin Hartke for Chandler Mayor
(first or last name & office)

Candidate Information:

Candidate's Name (required): Kevin Hartke

Candidate's mailing address (required): 536 N Apache Dr

Candidate's email address (required): Kevinjhartke@gmail.com

Candidate's phone number (required): 480 363 4433

Candidate's website (if any): Kevinhartke.com

Office Sought (choose one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> Attorney General	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Superintendent of Public Instruction	<input type="checkbox"/> State Mine Inspector	<input type="checkbox"/> Corporation Commissioner	
<input type="checkbox"/> State Senate	<input type="checkbox"/> State House of Representatives	<input type="checkbox"/> District (required): _____	
<input type="checkbox"/> County Office: _____	<input type="checkbox"/> District (if applicable): _____		
<input checked="" type="checkbox"/> City/Town Office: <u>Mayor</u>	<input type="checkbox"/> District (if applicable): _____		

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

Political Action Committee (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

Sponsorship Information: (if applicable)

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): _____

Special Status (if applicable)

<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
<input type="checkbox"/> 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:

<input type="checkbox"/> State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
<input type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
<input type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
<input type="checkbox"/> City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)

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COMMITTEE STATEMENT
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COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 536 N Apache Dr Chandler 85224
 Committee's email address (required): Kevinjhartke@gmail.com
 Committee's phone number (if any): _____
 Committee's website (if any): Kevinhartke.com

Chairperson's Information: Chairperson's name (required): Kevin Hartke
 Chairperson's physical address (required): 536 N Apache Dr Chandler 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 Christian Fellowship / City of Chandler
 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 Chandler 85224
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): lynnehartke@aol.com
 Treasurer's phone number (required): 480 688 6198
 Treasurer's employer (required): _____
 Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): Chase
 (do not list acct numbers) Additional bank name (if applicable): _____
 Additional bank name (if applicable): _____

DECLARATION 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: Kevin Hartke Date: 2/27/2017

Treasurer's signature: Lynne C Hartke Date: 2/27/2017

Candidate's signature (if applicable): Kevin Hartke Date: 2/27/2017