

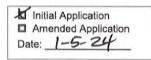


COMMITTEE ID NUMBER (office use only)

CHANDLER CITY CLERK JAN 5 2024 PM12:43

COMMITTEE TYPE (choose one):

Candidate	AJ for Chandler
Committee Name (required): (first or last name & office)	1 Colarette
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required): 1214 W - Shownee
	Candidate's email address (required): alan a vote for a com
	Candidate's phone number (required): 1480 - 570 - 8537
	Candidate's website (if any):
Office Sought (choose one):	□ County Office: □District (if applicable):
Since Gougin (choose one).	
	©City/Town Office: OUN C:\ Member □District (if applicable):
	□ School Board Office: □ District (if applicable): □
	□ Special District Board: □ 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)	
□ Political Action Comm	nittee (PAC)
Committee Name (required):	N ₂
if sponsored, must include ponsor'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):
f applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
f applicable)	☐ 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	
Committee Name (required): must include party affiliation)	
	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
lurisdiction:	
lurisdiction:	☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
lurisdiction:	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
Jurisdiction:	그 그리고 하는 하는 하는 하는 하는 아내를 가게 가게 되었다. 그리고 하는 아내를 하는 것이다.
Jurisdiction: Special Status	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)





COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 1214 W. Shownee D. Ch. 85229
		Committee's email address (required):
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Committee's website (if any): Chairperson's name (required):
		Chairperson's physical address (required): 1214 W. Shownee D. 85224
		Chairperson's mailing address (if different):
		Chairperson's mailing address (if different): Chairperson's email address (required): 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		Chairperson's phone number (required):
		Chairperson's employer (required):
		Chairperson's occupation (required):
	Treasurer's Information:	Chairperson's occupation (required): Treasurer's name (required):
		Treasurer's physical address (required): 10 14 W - Showner Droh 85224
		Treasurer's mailing address (if different):
		Treasurer's email address (required):
		Treasurer's phone number (required): 480 - 570 - 8537
		Treasurer's employer (required):
		Treasurer's occupation (required): Bank name (required):
\	Bank or Financial Institution:	
	(do not list acct numbers)	Additional bank name (if applicable):
		Additional bank name (if applicable):
DECLARA [*]	TION AND SIGNATURES:	
	I declare under penalty of pe	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
ſ	chairperson or treasurer of th	ne committee named herein, if applicable; (2) designate the above-named committee as my official candidate
		o 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.
	§§ 16-901 to 16-938; and (5) address(es) provided herein.	agree to accept all notifications and legal service of process for campaign finance purposes via the email
	address(es) provided fierein.	
	Chairperson's signature:	Date: 01/05/21/
		allothi.
	Treasurer's signature:	Date: (() / () / ()
	0 1111	At le milastair
	Candidate's signature (if app	licable): Date: