Initial Application

☐ Amended Application

Date: 3222



COMMITTEE ID NUMBER (office use only)

PC 27 - 0

MAR 02 2022

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	☐ Candidate	CITY OF CHANDLER
		CLEDIA
	(first or last name & office)	
	Candidate Information:	Candidate's Name (required):
		Candidate's mailing address (required):
١	\	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 Commissione
		☐ State Senate ☐ State House of Representatives ☐ District (required):
		☐ County Office: ☐ District (if applicable):
		☐ City/Town 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)	
	Committee Name (required):	end victed to the
	(if sponsored, must include sponsor's name)	EAST VALLEY FUTURE
	(if sponsored, must include	☐ Contributions ☐ Candidate-Related Independent Expenditures
	(if sponsored, must include sponsor's name)	
	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):
	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
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	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
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	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required):	□ 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): □ 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) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
	(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	□ 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): □ 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) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

☐ Initial Application
Amended Application
Date:



COMMITTEE ID NUMBER (office use only)

7072-0

COMMITTEE INFORMATION:

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	Contact Information:	Committee's mailing address (required): Committee's email address (required): Committee's email address (required): Committee's email address (required): Committee's email address (required):
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): LEE MILLER Chairperson's physical address (required): 2810 N. 3+d St. PHOENIY AZ 8 500Y
		Chairperson's physical address (required): L810 N. 334 St. J-Allen 13 AZ 8 3007 Chairperson's mailing address (if different): 101 N. COLORADO St. BOX 1306 Chancler 42 8527
		Chairperson's email address (required): 120 / 100 millor 14 W. com
		Chairperson's phone number (required): 102-300-5829
		Chairperson's employer (required): 562 F
		Chairperson's occupation (required):
	Treasurer's Information:	Treasurer's name (required): C+IAUTELLE +IERGET
		Treasurer's physical address (required): 2810 N 3 MSt. PHOENIX MZ 85004
		Treasurer's mailing address (if different): 10(N. COLORADO St. DOX 1306 Chandel 42 85214
		Treasurer's email address (required): cost valley buture a gmanleon
		Treasurer's phone number (required): 480 - 363 - 2352
		Treasurer's employer (required):
		Treasurer's occupation (required): REAL ESTATE
	Bank or Financial Institution:	Bank name (required): WEUS FARSO
	(do not list acct numbers)	Additional bank name (ifapplicable):
		Additional bank name (if applicable):
DECLARAT	TION AND SIGNATURES:	
	I declare under penalty of per	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate
	committee and authorize it to	regeive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
	campaign finance and reporting \$8 16-901 to 16-938; and	ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
	address(es) provided herein.	
		2-24-2022
	Chairperson's signature:	Date:Date:
	Treasurer's signature:	mt/ Date: 2.33.202
	Candidate's signature (if app	licable): Date:
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