☐ Initial Application
☐ Amended Application
Date: 7-14-2021

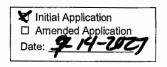


COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

CITY OF CHANDLER

.t. Candidate		
	Annal Koon of Col Margallace	
Committee Name (required): (first or last name & office)	Angel Enemas for Chandler	
Candidate Information:	Candidate's Name (required):	728
Office Sought (choose one):	Candidate's website (if any): CONCENTRY COMPUTER COMPUTE	
	☐ 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): 2022	
Party Affiliation: (required for partisan offices)	☑ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:	
(if sponsored, must include sponsor's name)		
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	
Sponsorship Information:	Sponsor's name or nickname (required):	
(if applicable)		
(if applicable)	Sponsor's mailing address (required):	
(if applicable)	Sponsor's email address (required):	
(if applicable)		
(if applicable) Special Status	Sponsor's email address (required):	
	Sponsor's email address (required):	
Special Status	Sponsor's email address (required):	
Special Status	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	Sponsor's email address (required):	





COMMITTEE ID NUMBER
(office use only)
(2/-03

## COMMITTEE INFORMATION:

Candidate's signature (if applicable):

	Contact Information:	Committee's mailing address (required): 100 W. Ray Rd #c3 Chandler, HR-85225
		Committee's email address (required): Cinglifur chandles amont. Lom
		Committee's phone number (if any): \( \lambda
		Committee's website (if any): COUNTAIC, (I)M
	Chairperson's Information:	Chairperson's name (required): Plaple (15 OW RESOUCH, LLL - 175h ley SISNEROS)
		Chairperson's physical address (required): 9839 S. 43 rd Pluce Proon x, Az 85044
		Chairperson's mailing address (if different):
		Chairperson's email address (required): USNUSISNUS COMMI. COM
		Chairperson's phone number (required): <u>(415) 937 - 0540</u>
		Chairperson's employer (required): People as all Resusce LL
		Chairperson's occupation (required): CONSULYNG
	Treasurer's Information:	Treasurer's name (required):
		Treasurer's physical address (required): 230 5. Dakota St. Chindle, M-85225
		Treasurer's mailing address (if different): 600 W. Wy Rd #C3 Chondler, AF 35225
		Treasurer's email address (required): <u>Onget for Church Wer &amp; gmass Com</u>
		Treasurer's phone number (required): <u>(440) 678 -0024</u>
		Treasurer's employer (required): SUFbmploy-td
		Treasurer's occupation (required):
	Bank or Financial Institution:	Bank name (required): DISERT FIN QUICKLI CIEUTH UNION
	(do not list acct numbers)	Additional bank name (ifapplicable):
		Additional bank name (if applicable):
DECLARAT	TION AND SIGNATURES:	
	I declare under panalty of par	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
ĺ	chairperson or treasurer of th	e committee named herein, if applicable; (2) designate the above-named committee as my official candidate
	campaign finance and reporti	receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng 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.	100
	Chairperson's signature:	laly (2)
	-	18 11 1/1
	Treasurer's signature:	Date: (193/2/