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CITY OF CHANDLER
CITY CLERK

Date 3-11-24



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
024-03

COMMITTEE TYPE (choose one)

Candidate

Committee Name (required)
(first or last name & office)

Jennifer Hawkins for Chandler

Candidate Information

Candidate's Name (required)

Jennifer Hawkins

Candidate's mailing address (required)

2081 E Horseshoe Pl, Chandler, Az 85249

Candidate's email address (required)

jhawkinsaz@gmail.com

Candidate's phone number (required)

(480) 650-1440

Candidate's website (if any)

Office Sought (choose one)

County Office

District (if applicable)

City/Town Office

Chandler City Council

District (if applicable)

School Board Office

District (if applicable)

Special District Board

District (if applicable)

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

2024

Party Affiliation

(required for partisan offices)

Democrat

Green

Libertarian

Republican

Other

Political Action Committee (PAC)

Committee Name (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

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)

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)

Political Party

Committee Name (required)
(must include party affiliation)

Jurisdiction

State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status
(if applicable)

Standing Committee (must also complete separate standing committee registration)

Initial Application
 Amended Application
 Date: 3-11-24



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
C24-03

COMMITTEE INFORMATION

Contact Information
 Committee's mailing address (required): 2081 E Horseshoe Pl., Chandler, Az. 85249
 Committee's email address (required): jhawkinsAz@gmail.com
 Committee's phone number (if any): (480) 650-1440
 Committee's website (if any): _____

Chairperson's Information
 Chairperson's name (required): Jennifer Hawkins
 Chairperson's physical address (required): 2081 E. Horseshoe Pl., Chandler, Az. 85249
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): jhawkinsAz@gmail.com
 Chairperson's phone number (required): (480) 650-1440
 Chairperson's employer (required): Hightline Car Care
 Chairperson's occupation (required): owner

Treasurer's Information
 Treasurer's name (required): Charles Schinke
 Treasurer's physical address (required): 2458 S. Salida del Sol, Chandler, Az 85286
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): COMSCHINKE@a.com
 Treasurer's phone number (required): (480) 620-8934
 Treasurer's employer (required): JP Morgan Chase
 Treasurer's occupation (required): Risk Manager

Bank or Financial Institution
 Bank name (required): Wells Fargo
 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: Jennifer Hawkins Date: 3/8/2024
 Treasurer's signature: Charles Schinke Date: 3/11/2024
 Candidate's signature (if applicable): Jennifer Hawkins Date: 3/8/2024