

Initial Application  
 Amended Application  
 Date: 4-23-24



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
C24-04

COMMITTEE TYPE (choose one):

CHANDLER CITY CLERK  
 APR 23 2024 PM 4:28

**Candidate**

Committee Name (required): MIKE FOR CHANDLER  
 (first or last name & office)

Candidate Information:

Candidate's Name (required): MICHAEL SIMON

Candidate's mailing address (required): 2144 E- INDIAN WELLS DR. CHANDLER, AZ 85249

Candidate's email address (required): MIKEFORCHANDLER@GMAIL.COM

Candidate's phone number (required): 480 204-4960

Candidate's website (if any): MIKEFORCHANDLER

Office Sought (choose one):

County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: 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:  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)

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)

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STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

024-04

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 2144 E. INDIAN WELLS DR CHANDLER, AZ  
Committee's email address (required): MIKEFORCHANDLER@GMAIL.COM  
Committee's phone number (if any): 480204 4960  
Committee's website (if any): MIKEFORCHANDLER

Chairperson's Information:

Chairperson's name (required): MATTHEW SHUMAN  
Chairperson's physical address (required): 14838 N. 103RD ST SCOTTSDALE, AZ  
Chairperson's mailing address (if different): \_\_\_\_\_ 85255  
Chairperson's email address (required): SHUMAN@MATTHEWSHUMAN.COM  
Chairperson's phone number (required): 202 304-8428  
Chairperson's employer (required): AMERICAN LEGION  
Chairperson's occupation (required): GOVERNMENT AFFAIRS

Treasurer's Information:

Treasurer's name (required): MICHAEL SIMON  
Treasurer's physical address (required): 2144 E. INDIAN WELLS DR CHANDLER, AZ  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): MIKEFORCHANDLER@GMAIL.COM  
Treasurer's phone number (required): 480 204 4960  
Treasurer's employer (required): ARIZONA SECURITY GROUP  
Treasurer's occupation (required): TRAINING

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): BMO  
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: \_\_\_\_\_ Date: 4/22/24

Treasurer's signature: \_\_\_\_\_ Date: 4/22/24

Candidate's signature (if applicable): \_\_\_\_\_ Date: 4/22/24