

Initial Application  
 Amended Application  
 Date: 1-24-24



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
C24-02

COMMITTEE TYPE (choose one):

**CHANDLER CITY CLERK  
 JAN 24 2024 PM 3:19**

**Candidate**

*Committee Name* (required): Yang for Chandler  
 (first or last name & office)

*Candidate Information:*  
 Candidate's Name (required): Joseph Yang  
 Candidate's mailing address (required): 303 E. Tremaine Dr, Chandler, AZ 85225  
 Candidate's email address (required): josephforchandler@gmail.com  
 Candidate's phone number (required): (480) 788-3502  
 Candidate's website (if any): yang.vote

*Office Sought* (choose one):  
 County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: City of Chandler Councilmember  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)

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 303 E Tremaine Dr. Chandler AZ 85225  
 Committee's email address (required): josephforchandler@gmail.com  
 Committee's phone number (if any): (480) 788-3502  
 Committee's website (if any): yang.vote

**Chairperson's Information:** Chairperson's name (required): Joseph Yang  
 Chairperson's physical address (required): Same as above  
 Chairperson's mailing address (if different): Same as above  
 Chairperson's email address (required): Same  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): Maricopa County Community College District  
 Chairperson's occupation (required): Public Safety

**Treasurer's Information:** Treasurer's name (required): James Chaston  
 Treasurer's physical address (required): 14601 S 46th St  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): jim@chastonforaz.com  
 Treasurer's phone number (required): (602) 617-2449  
 Treasurer's employer (required): James A Chaston CPA, PLC  
 Treasurer's occupation (required): Accountant

**Bank or Financial Institution:** Bank name (required): Mountain America Credit Union  
 (do not list acct numbers) 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: [Signature] Date: 01/24/24

Treasurer's signature: [Signature] Date: 01/24/24

Candidate's signature (if applicable): [Signature] Date: 01/24/24