

Initial Application  
 Amended Application  
Date: 5/24/2021



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

C21-02

RECEIVED

COMMITTEE TYPE (choose one):

JUN 11 2021

Candidate

Committee Name (required): Cody Newcomb for Chandler City Council  
(first or last name & office) CITY OF CHANDLER

Candidate Information: Candidate's Name (required): Cody Newcomb CITY CLERK

Candidate's mailing address (required): 3124 E. Waterview Dr. Chandler Arizona 85249

Candidate's email address (required): cody.newcomb9@gmail.com

Candidate's phone number (required): 5594256082

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 Commissioner

State Senate  State House of Representatives  District (required): \_\_\_\_\_

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

City/Town Office: Chandler city Council  District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2022

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: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) 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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(office use only)  
C21-02

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 3124 E. Waterview Dr., Chandler, AZ 85249  
Committee's email address (required): cnewcombforcitycouncil@gmail.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Cody Newcomb  
Chairperson's physical address (required): 3124 E. Waterview Dr., Chandler, AZ 85249  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): cody.newcomb9@gmail.com  
Chairperson's phone number (required): 5594256082  
Chairperson's employer (required): University of Arizona  
Chairperson's occupation (required): Student

**Treasurer's Information:** Treasurer's name (required): Noah Mundt  
Treasurer's physical address (required): 366 E Elgin St Gilbert AZ 85295  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): Noahmundt@hotmail.com  
Treasurer's phone number (required): (920) 737-8154  
Treasurer's employer (required): Nexus Integrated Solutions  
Treasurer's occupation (required): Consultant

**Bank or Financial Institution:** Bank name (required): Wells Fargo  
(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: Cody Newcomb Date: 6/11/2021  
Treasurer's signature: Noah Mundt Date: Jun 11, 2021  
Candidate's signature (if applicable): Cody Newcomb Date: 6/11/2021