

- Initial Application
  - Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

CHANDLER CITY CLERK  
MAR 6 2026 PM 12:17

COMMITTEE ID NUMBER  
(office use only)

026-03

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): NEIL For Mayor  
(first or last name & office)

Candidate Information: Candidate's Name (required): NEIL KABI

Candidate's mailing address (required): 2066 E. CRESENT PL.

Candidate's email address (required): CHANDLER AZ 85249

Candidate's phone number (required): 480 494 6652

Candidate's website (if any): NONE

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: Mayor  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): Neil Kabi 2026

Party Affiliation:  Democrat  Green  Libertarian  Republican  Other: INDEPENDENT  
(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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STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

C26-03

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 260 2066 E. Crescent Pl Chandler AZ 85249  
Committee's email address (required): NeilKabi@hotmail.com  
Committee's phone number (if any): 480-494-6652  
Committee's website (if any): None

Chairperson's Information:

Chairperson's name (required): 2066 E. Crescent Pl Chandler AZ 85249  
Chairperson's physical address (required): Neil Kabi  
Chairperson's mailing address (if different): # Same  
Chairperson's email address (required): NeilKabi@hotmail.com  
Chairperson's phone number (required): 480 494 6652  
Chairperson's employer (required): NAK LLC.  
Chairperson's occupation (required): Consultant

Treasurer's Information:

Treasurer's name (required): 2066 E. Crescent Pl Chandler AZ 85249  
Treasurer's physical address (required): Neil Kabi  
Treasurer's mailing address (if different): # same  
Treasurer's email address (required): NEILKABI@hotmail.com  
Treasurer's phone number (required): 480 494 6652  
Treasurer's employer (required): NAK LLC.  
Treasurer's occupation (required): Consultant

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

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: Neil Kabi Date: Mar 6 2026

Treasurer's signature: Neil Kabi Date: Mar 6 2026

Candidate's signature (if applicable): Neil Kabi Date: Mar 6 2026