

☒ Initial Application
☐ Amended Application
Date: 09/03/2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

C24-05

COMMITTEE TYPE (choose one):

CHANDLER CITY CLERK
SEP 3 2024 PM 1:32

☒ **Candidate**

Committee Name (required): Matt Orlando For Chandler Mayor
(first or last name & office)

Candidate Information: Candidate's Name (required): Matt Orlando
Candidate's mailing address (required): 3681 S. Marigold Pl. Chandler, Az 85248
Candidate's email address (required): Matt.Orlando@cox.net
Candidate's phone number (required): (602) 370-7536
Candidate's website (if any): www.mattorlando.com

Office Sought (choose one): ☒ County Office: ☐ District (if applicable):
☒ City/Town Office: Chandler/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): 2026

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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 3681 S. Marigold Pl. Chandler, Az 85248
Committee's email address (required): Matt.Orlando@cox.net
Committee's phone number (if any): (602) 370-7536
Committee's website (if any): www.mattorlando.com

Chairperson's Information: Chairperson's name (required): Patricia Orlando
Chairperson's physical address (required): 3681 S. Marigold Pl. Chandler, Az 85248
Chairperson's mailing address (if different):
Chairperson's email address (required): PO1956@Cox.net
Chairperson's phone number (required): (480) 821-9433
Chairperson's employer (required): Retired
Chairperson's occupation (required):

Treasurer's Information: Treasurer's name (required): Bill Bond
Treasurer's physical address (required): 4490 E. Cabillo Dr. Gilbert AZ 85297
Treasurer's mailing address (if different):
Treasurer's email address (required): captianb07@yahoo
Treasurer's phone number (required): (602) 885-2452
Treasurer's employer (required): Retired
Treasurer's occupation (required):

Bank or Financial Institution: Bank name (required): Bank Of America
(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: Patricia Orlando Date: 9/3/2024
Treasurer's signature: Bill Bond Date: 9/3/2024
Candidate's signature (if applicable): Matt Orlando Date: 9/3/2024