Initial Application
Amended Application
Date: 10-22-2025



COMMITTEE ID NUMBER
(office use only)

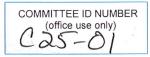
CHANDLER CITY CLERK OCT 22 2025 PM2:32

COMMITTEE TYPE (choose one):	NO CHUMAS THOM OUTED HOSTEAS	ili £4
☐ Candidate Committee Name (required):	Jeff for Chandler	to destinate as
(first or last name & office)	Teff Meninger	

(first or last name & office)	Candidate's Name (required): Jeff Weninger
Candidate Information:	
	Candidate's mailing address (required): 4775 5. Falton Ranch Blod, # 1037 CM
	Candidate's email address (required):
	Candidate's phone number (required): 402-791-8144
	Candidate's website (if any): Telf Weninger, Elm
Office Sought (choose one):	□ County Office: □District (if applicable): □
	□City/Town Office: handler May (□District (if applicable):
	□ School Board Office: □ District (if applicable):
	□ Special District Board: □ District (if applicable): □
Election Cycle for Office Soug	ght (year the election will take place) (required): 2026
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
(required for partisan offices)	a Domonat a Oreen a Libertanan a Nepublican a Other.
■ Political Action Comm	nittee (PAC)
Committee Name (required):	
(if sponsored, must include sponsor's name)	
	□ Contributions □ □ Candidate Related Independent Expanditures
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
(00.00t any mat apply)	
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	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
(1 F)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
	de la companya de la
☐ Political Party	
Committee Name (required): (must include party affiliation)	The translation of the contract of the contrac
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	■ Standing Committee (must also complete separate standing committee registration)
(if applicable)	

□ Initial Application
■ Amended Application
Date: 10 - 22 - 25





COMMITTEE INFORMATION:

No Change from Initial Application

	Contact Information:	Committee's mailing address (required):	
	Committee's email address (required):		
		Committee's phone number (if any):	
		Committee's website (if any):	
	Chairperson's Information:	Chairperson's name (required):	
		Chairperson's physical address (required):	
		Chairperson's mailing address (if different):	
		Chairperson's email address (required):	
		Chairperson's phone number (required):	
		Chairperson's employer (required):	
		Chairperson's occupation (required):	
	Treasurer's Information:	Treasurer's name (required):	
		Treasurer's physical address (required):	
		Treasurer's mailing address (if different):	
		Treasurer's email address (required):	
		Treasurer's phone number (required):	
		Treasurer's employer (required):	
		Treasurer's occupation (required):	
\	Bank or Financial Institution:	Bank name (required):	
	(do not list acct numbers)	Additional bank name (if applicable):	
		Additional bank name (if applicable):	
ECLARAI	TION AND SIGNATURES:		
	chairperson or treasurer of the committee and authorize it to campaign finance and reporting the committee and rep	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.s. agree to accept all notifications and legal service of process for campaign finance purposes via the email	e's S.
	Chairperson's signature:	16N/m Date: 10-77-75 Date: 10-77-75	
		Old/N/m Date: (1 - 72-7-5	
	Candidate's signature (if app	licable): Date: (1-22-25	