

☒ Initial Application
☐ Amended Application
Date: 1/14/2026



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CAN26-01

REC'D PAGE CITY CLERKS
2026 JAN 14 PM 3:10

COMMITTEE TYPE (choose one):

☒ Candidate

Committee Name (required): Matthew Walters for City Council of Page, Arizona
(first or last name & office)

Candidate Information: Candidate's Name (required): Matthew R Walters
Candidate's mailing address (required): PO Box 302 Page, AZ 86040
Candidate's email address (required): MatthewWaltersPage@Gmail.com
Candidate's phone number (required): 702 279 7382
Candidate's website (if any): Matthew Walters of Page (Facebook)

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: Page Council ☒ District (if applicable): _____

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

Party Affiliation: ☒ Democrat ☒ Green ☒ Libertarian ☒ Republican ☒ Other: _____
(required for partisan offices)

☒ Political Action Committee (PAC)

Committee Name (required): Matthew Walters for City Council of Page, Arizona
(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): Matthew Walters for City Council of Page, Arizona
(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)

☒ Initial Application
☐ Amended Application
Date: 1/14/2026



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CAN 26-01

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 302 Page, AZ 86040
Committee's email address (required): MatthewWaltersPage@Gmail.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Matthew R Walters
Chairperson's physical address (required): 316 S Rainbow Dr Page, AZ 86040
Chairperson's mailing address (if different): _____
Chairperson's email address (required): MatthewWaltersPage@Gmail.com
Chairperson's phone number (required): _____
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information: Treasurer's name (required): Matthew R Walters
Treasurer's physical address (required): 316 S Rainbow Dr Page, AZ 86040
Treasurer's mailing address (if different): _____
Treasurer's email address (required): MatthewWaltersPage@Gmail.com
Treasurer's phone number (required): 702 279 7382
Treasurer's employer (required): _____
Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): USAA Federal Savings Bank
(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 / 14 / 2026

Treasurer's signature: [Signature] Date: 01 / 14 / 2026

Candidate's signature (if applicable): [Signature] Date: 01 / 14 / 2026