

Initial Application  
 Amended Application  
Date: 1/14/2026



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
CAN216-01

2026 JAN 14 PM3:10  
RECD PAGE CITY CLERKS

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:  
(if applicable)

Sponsor's name or nickname (required): \_\_\_\_\_

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)

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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:*

(do not list acct numbers)

Bank name (required): USAA Federal Savings Bank

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: MS Date: 01 / 14 / 2026

Treasurer's signature: MS Date: 01 / 14 / 2026

Candidate's signature (if applicable): MS Date: 01 / 14 / 2026