

Initial Application
 Amended Application
Date: 9/5/17



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

MC17-1

6L

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Elect Matt Herman
(first or last name & office)

Candidate Information: Candidate's Name (required): Matthew N. Herman

Candidate's mailing address (required): 281 W. Flagstone Pl. Casa Grande, AZ 85122

Candidate's email address (required): mherman@cybertrails.com

Candidate's phone number (required): 520-560-0040

Candidate's website (if any): matt4cg.com

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: Councilmember District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

Initial Application
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Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

MC17-2

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 281 W. Flagstone Pl. Casa Grande, AZ 85122

Committee's email address (required): mherman@cybertrails.com

Committee's phone number (if any): 520-560-0040

Committee's website (if any): matt4cg.com

Chairperson's Information:

Chairperson's name (required): Matthew Herman

Chairperson's physical address (required): 281 W. Flagstone Pl. Casa Grande, AZ 85122

Chairperson's mailing address (if different): _____

Chairperson's email address (required): mherman@cybertrails.com

Chairperson's phone number (required): 520-560-0040

Chairperson's employer (required): Norris RV

Chairperson's occupation (required): Manager

Treasurer's Information:

Treasurer's name (required): Matthew N. Herman

Treasurer's physical address (required): 281 W. Flagstone Pl. Casa Grande, AZ 85122

Treasurer's mailing address (if different): _____

Treasurer's email address (required): mherman@cybertrails.com

Treasurer's phone number (required): 520-560-0040

Treasurer's employer (required): Norris RV

Treasurer's occupation (required): Manager

Bank or Financial Institution:

(do not list acct numbers)

Bank name (required): Bank of America

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: Matthew Herman Date: 9/5/17

Treasurer's signature: Matthew Herman Date: 9/5/17

Candidate's signature (if applicable): Matthew Herman Date: 9/5/17