

Initial Application  
 Amended Application  
Date: 12/6/2022

RECEIVED



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

DEC 09 2022

COMMITTEE TYPE (choose one): CITY OF CHANDLER

CITY CLERK

Candidate

Committee Name (required): Christine for Chandler  
(first or last name & office)

Candidate Information: Candidate's Name (required): Christine Ellis  
Candidate's mailing address (required): 3855 South McQueen Road 41 Chandler, AZ 85286  
Candidate's email address (required): info@christineforchandler.com  
Candidate's phone number (required): 602-723-7712  
Candidate's website (if any): christineforchandler.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: Chandler City Council  District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2024

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)

Initial Application  
 Amended Application  
 Date: 12/6/2022



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 2209 E Frye Rd Chandler, AZ 85225  
 Committee's email address (required): info@christineforchandler.com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): christineforchandler.com

**Chairperson's Information:** Chairperson's name (required): Christine Ellis  
 Chairperson's physical address (required): 3855 South McQueen Road 41 Chandler, AZ 85286  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): info@christineforchandler.com  
 Chairperson's phone number (required): 602-723-7712  
 Chairperson's employer (required): City of Chandler  
 Chairperson's occupation (required): Councilmember

**Treasurer's Information:** Treasurer's name (required): Charles Schinke  
 Treasurer's physical address (required): 2458 S Salida Del Sol Chandler, AZ 85286  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): cdmschinke@q.com  
 Treasurer's phone number (required): 480-620-8934  
 Treasurer's employer (required): JP Morgan Chase  
 Treasurer's occupation (required): Manager

**Bank or Financial Institution:** Bank name (required): Wells Fargo  
 (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: Christine Ellis Date: 12/9/22  
 Treasurer's signature: Charles F Schinke Date: 1/12/23  
 Candidate's signature (if applicable): Christine Ellis Date: 12/9/22