

RECEIVED

☐ Initial Application
☒ Amended Application
Date: 1-22-24



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

JAN 22 2024

COMMITTEE ID NUMBER
(office use only)

C21-05

CITY OF CHANDLER
CITY CLERK

COMMITTEE TYPE (choose one):

☒ Candidate

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

Eashana Shifa for Chandler

Candidate Information:

Candidate's Name (required):

Eashana Shifa

Candidate's mailing address (required):

PO Box 7168, Chandler, AZ 85246

Candidate's email address (required):

Shifa489@gmail.com

Candidate's phone number (required):

619-549-0005

Candidate's website (if any):

Office Sought (choose one):

☐ County Office:

☐ District (if applicable):

☒ City/Town Office:

City Council

☐ District (if applicable):

☐ School Board Office:

☐ District (if applicable):

☐ Special District Board:

☐ District (if applicable):

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

2026

Party Affiliation:

(required for partisan offices)

☐ Democrat

☐ Green

☐ Libertarian

☐ Republican

☐ Other:

☐ Political Action Committee (PAC)

Committee Name (required):
(if sponsored, must include
sponsor's name)

Political Function (optional):
(select any that apply)

☐ Contributions

☐ Candidate-Related Independent Expenditures

☐ 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):
(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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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

C21-05

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 5755 W. Drake Ct. Chandler, AZ 85226
Committee's email address (required): Shifa489@gmail.com
Committee's phone number (if any): 619.549.0005
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Fazhana Shifa
Chairperson's physical address (required): 5755 W. Drake Ct. Chandler, AZ 85226
Chairperson's mailing address (if different): _____
Chairperson's email address (required): Shifa489@gmail.com
Chairperson's phone number (required): 619.549.0005
Chairperson's employer (required): Self
Chairperson's occupation (required): Education/owner

Treasurer's Information:

Treasurer's name (required): Fazhana Shifa
Treasurer's physical address (required): 5755 W. Drake Ct. Chandler, AZ 85226
Treasurer's mailing address (if different): Self
Treasurer's email address (required): Shifa489@gmail.com
Treasurer's phone number (required): 619.549.0005
Treasurer's employer (required): Self
Treasurer's occupation (required): Education/owner

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): Wells Fargo
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: F. Shifa

Date: 01/16/2024

Treasurer's signature: F. Shifa

Date: 01/16/2024

Candidate's signature (if applicable): F. Shifa

Date: 01/16/2024