

Initial Application
 Amended Application
Date: 10-31-2022

RECEIVED
STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
21-05

COMMITTEE TYPE (choose one): **CITY OF CHANDLER**

CITY CLERK

Candidate

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

Fashana Shifa for Chandler

Candidate Information:

Candidate's Name (required):

Fashana Shifa

Candidate's mailing address (required):

PO Box 7168, Chandler, AZ 85246

Candidate's email address (required):

Fashana@fashana-shifa.com

Candidate's phone number (required):

602.492.6806

Candidate's website (if any):

FashanaShifaforChandler.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: City Council District (if applicable): _____

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

2022

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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(office use only)

21-05

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 7168, Chandler, AZ 85246
Committee's email address (required): Fashana@FashanaShifa.com
Committee's phone number (if any): 602.492.6806
Committee's website (if any): FashanaShifaforChandler.com

Chairperson's Information: Chairperson's name (required): Fashana Shifa
Chairperson's physical address (required): 5755 N. Drake Ct, Chandler, AZ 85226
Chairperson's mailing address (if different): Same
Chairperson's email address (required): fashana@fashana.shifa.com
Chairperson's phone number (required): 602.492.6806
Chairperson's employer (required): Self
Chairperson's occupation (required): education/owner

Treasurer's Information: Treasurer's name (required): Fashana Shifa
Treasurer's physical address (required): 5755 N. Drake Ct. Chandler, AZ 85226
Treasurer's mailing address (if different): Same
Treasurer's email address (required): Shifa489@gmail.com
Treasurer's phone number (required): 619.549.0085
Treasurer's employer (required): Self
Treasurer's occupation (required): education/owner

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: F. Shifa Shifa Date: 10/31/2022

Treasurer's signature: F. Shifa Shifa Date: 10/31/2022

Candidate's signature (if applicable): F. Shifa Shifa Date: 10/31/2022