

Initial Application
 Amended Application
Date: 1-13-2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

C21-05

RECEIVED

COMMITTEE TYPE (choose one):

JAN 14 2022

Candidate

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

FARHANA SHIFA for CHANDLER

CITY OF CHANDLER

Candidate Information:

Candidate's Name (required):

FARHANA SHIFA

CITY CLERK

Candidate's mailing address (required):

PO Box 7168 CHANDLER, AZ 85276

Candidate's email address (required):

FARHANA@farhana.shifa.com

Candidate's phone number (required):

(602) 492-6806

Candidate's website (if any):

FARHANASHIFAforCHANDLER.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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COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 7168, CHANDLER, AZ 85246
Committee's email address (required): FARHANA@FARHANASHIFA.COM
Committee's phone number (if any): (602) 492-6806
Committee's website (if any): FARHANASHIFA.CHANDLER.COM

Chairperson's Information: Chairperson's name (required): FARHANA SHIFA
Chairperson's physical address (required): 5755 W DRAKE CT CHANDLER AZ 85226
Chairperson's mailing address (if different): PO Box 7168, CHANDLER AZ 85246
Chairperson's email address (required): farhana@farhanashifa.com
Chairperson's phone number (required): (602) 492-6806
Chairperson's employer (required): self
Chairperson's occupation (required): educator/owner

Treasurer's Information: Treasurer's name (required): MARY FRITSCHÉ
Treasurer's physical address (required): 206 S GALAXY DR CHANDLER AZ 85226
Treasurer's mailing address (if different): POB 25561 TEMPE AZ 85285
Treasurer's email address (required): mmfritsch@ gmail.com
Treasurer's phone number (required): (480) 705-8406
Treasurer's employer (required): self
Treasurer's occupation (required): COMPUTER CONSULTANT/DATA ANALYST

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: [Signature] Date: 1/13/2022

Treasurer's signature: [Signature] Date: 1/13/2022

Candidate's signature (if applicable): [Signature] Date: 1/13/2022

