

Initial Application
 Amended Application
 Date: 10-27-2021



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
C21-05

OCT 27 2021

COMMITTEE TYPE (choose one):

CITY OF CHANDLER

CITY CLERK

Candidate

Committee Name (required): FARHANA SHIFA FOR CHANDLER
 (first or last name & office)

Candidate Information:
 Candidate's Name (required): FARHANA SHIFA
 Candidate's mailing address (required): PO box 7168, Chandler, AZ 85246
 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): _____

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 INFORMATION:

Contact Information: Committee's mailing address (required): PO box 7168, Chandler, AZ 85246
Committee's email address (required): Fahana @ fahana shifa . com
Committee's phone number (if any): 602.492.6806
Committee's website (if any): FahanaShifaforChandler . 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): fahana @ fahana shifa . 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 FRITSCH
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): mmfritsche@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): DESERT FINANCIAL
(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: 10/27/2021
Treasurer's signature: [Signature] Date: 10/27/2021
Candidate's signature (if applicable): [Signature] Date: 10.27.2021