

CITY / TOWN OF CHANDLER

POLITICAL COMMITTEE

STATEMENT OF ORGANIZATION

Titles 16 & 19 Arizona Revised Statutes

Definitions, statutory references and important information on reverse.

RECEIVED

JUN 30 2015

CITY OF CHANDLER
CITY CLERK

- Initial Registration Out of State Committee Amended Statement

ID#
M13-01

NAME OF POLITICAL COMMITTEE Re-Elect Tibshraeny Mayor		DATE 6/30/15	
ADDRESS (NUMBER & STREET) 2158 E. Teakwood Place	CITY Chandler	STATE AZ	ZIP 85249
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
COMMITTEE TELEPHONE # (480) 821-8947	COMMITTEE FAX # (480) 969-7702	COMMITTEE E-MAIL ADDRESS jaytibshraeny@aol.com	

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES NO
If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

- | | |
|---|--|
| <input checked="" type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE | <input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES |
| <input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION | <input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES |
| <input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT MEASURE
Petition Serial Number _____ Support <input type="checkbox"/> Oppose <input type="checkbox"/> | <input type="checkbox"/> POLITICAL ORGANIZATION (see A.R.S. § 16-823) |
| <input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION | <input type="checkbox"/> EXPLORATORY COMMITTEE |
| <input type="checkbox"/> POLITICAL PARTY see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825) | <input type="checkbox"/> OTHER TYPE OF COMMITTEE (please describe)
_____ |

CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01. (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

NAME OF COMMITTEE CHAIRMAN Karen M. Tibshraeny	CHAIRMAN'S TELEPHONE # (480) 821-8947	CHAIRMAN'S FAX # (480) 969-7702	
CHAIRMAN'S ADDRESS 2158 E. Teakwood Place	CITY Chandler	STATE AZ	ZIP 85249
CHAIRMAN'S OCCUPATION Registered Nurse	CHAIRMAN'S EMPLOYER Banner Health System	CHAIRMAN'S E-MAIL ADDRESS	
NAME OF COMMITTEE TREASURER Michael F. Tibshraeny	TREASURER'S TELEPHONE # (480) 844-1798	TREASURER'S FAX # (480) 969-7702	
TREASURER'S ADDRESS 2619 E. Jade Place	CITY Chandler	STATE AZ	ZIP 85286
TREASURER'S OCCUPATION Small Businessman	TREASURER'S EMPLOYER Tibshraeny Companies, Inc.	TREASURER'S E-MAIL ADDRESS	

