

Initial Application
 Amended Application
 Date: 7-14-2021



RECEIVED
STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION
 JUL 14 2021

COMMITTEE ID NUMBER
 (office use only)
021-03

COMMITTEE TYPE (choose one):

CITY OF CHANDLER
 CITY CLERK

Candidate

Committee Name (required): Angel Encinas for Chandler
 (first or last name & office)

Candidate Information: Candidate's Name (required): Angel Encinas

Candidate's mailing address (required): 600 W. Ray Rd #C3 Chandler, AZ 85225

Candidate's email address (required): angelforchandler@yahoo.com

Candidate's phone number (required): (480) 678-0024

Candidate's website (if any): angelforchandler.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: 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)

Initial Application
 Amended Application
Date: 9-14-2021



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C21-03

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 600 W. Ray Rd #C3 Chandler, AZ 85225
Committee's email address (required): CingelForChandler@gmail.com
Committee's phone number (if any): 480
Committee's website (if any): CingelForChandler.com

Chairperson's Information:
Chairperson's name (required): People as our Resource, LLC - Ashley Sisneros
Chairperson's physical address (required): 9839 S. 43rd Place Phoenix, AZ 85044
Chairperson's mailing address (if different): _____
Chairperson's email address (required): AshleySisneros@gmail.com
Chairperson's phone number (required): (415) 937-0540
Chairperson's employer (required): People as our Resource LLC
Chairperson's occupation (required): Consulting

Treasurer's Information:
Treasurer's name (required): Angel Encinas
Treasurer's physical address (required): 230 S. Dakota St. Chandler, AZ 85225
Treasurer's mailing address (if different): 600 W. Ray Rd #C3 Chandler, AZ 85225
Treasurer's email address (required): CingelForChandler@gmail.com
Treasurer's phone number (required): (480) 678-0024
Treasurer's employer (required): Self-employed
Treasurer's occupation (required): Consulting

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): Desert Financial Credit Union
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: Date: 6/22/21
Treasurer's signature: Date: 6/22/21
Candidate's signature (if applicable): Date: 6/22/21