

COMMITTEE TYPE (choose one):

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Amended Application

EE TYPE (choose one):	CITY OF CHANDLER CITY CLERK
Candidate	
Committee Name (required): (first or last name & office)	Jane 105ton tol Chouldler
Candidate Information:	Candidate's Name (required): Jane Foston
<i>Office Sought</i> (choose one):	Candidate's mailing address (required):
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	Democrat Green Libertarian Republican Other:
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Political Action Comr	nittee (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
Spansampin Information:	Spansar's name or nicknome (required):

RECEIVED COMMITTEE STATEMENT OF ORGANIZATION UCT 2 8 2021

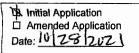
COMMITTEE ID NUMBER (office use only)

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CZ1-06

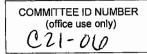
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	, Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable)	□ 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)
<i>Special Status</i> (if applicable)	□ Standing Committee (must also complete separate standing committee registration)





## STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION



## COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): Po Box 214, Chaveller 8522
	Committee's email address (required):
	Committee's phone number (if any):
Chairperson's Information:	Chairperson's name (required): <u>ROSALIE</u> HIKANO
	Chairperson's physical address (required): 1950 E MYRINA CN TEMPE 85289
	Chairperson's mailing address (if different):
	Chairperson's email address (required): <u>ROSALIEC JANE POSTON</u> CON
	Chairperson's phone number (required): <u>490 - 242 - 1337</u>
	Chairperson's employer (required):
	Chairperson's occupation (required): RETLRED
Treasurer's Information:	Treasurer's name (required): TASOW HEIPIRE
	Treasurer's physical address (required): 2775 N. ARIZONO HVE SE3_
	Treasurer's mailing address (if different). Character, HZ 75235
	Treasurer's mailing address (if different). Character HZ 35235
	Treasurer's email address (required): <u>JABONO</u> JANP POSTON. COM- Treasurer's phone number (required): <u>LOO- PNB-3202</u>
	Treasurer's email address (required): <u>JABOND</u> JANP POSTON. COM- Treasurer's phone number (required): <u>LOJ-AIB-3200</u> Treasurer's employer (required): <u>TAMEONA</u>
Bank or Financial Institution:	Treasurer's email address (required): <u>JABON D</u> JANP, POSTON. COM- Treasurer's phone number (required): <u>LOJ-PNB-3203</u> Treasurer's employer (required): <u>TA MECHA</u> Treasurer's occupation (required): <u>Presidentia</u>
Bank or Financial Institution: (do not list acct numbers)	Treasurer's email address (required): <u>JABONO</u> JANP POSTON. COM- Treasurer's phone number (required): <u>LOO-ANB-3200</u> Treasurer's employer (required): <u>TAMEONA</u> Treasurer's occupation (required): <u>Presidentia</u>

DECLARATION AND SIGNATURES:

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	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: Thut have Date: 10/21/21
	Treasurer's signature Date: 10/31/21
	Candidate's signature (if applicable):