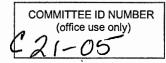
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125 Initial Application

 $\Box \text{ Amended Application} \\ \text{Date: } \underline{10 - 27 - 202} ($

STATE OF ARIZONA COMMITTEE STATEMENT IVED OF ORGANIZATION



OCT 27 2021

		CITY CLERK
	🖄 Candidate	
	Committee Name (required): (first or last name & office)	FARHANA SHIFA FOR CHANDLER
	Candidate Information:	Candidate's Name (required): FARHANA SHIFA
		Candidate's mailing address (required): PO box 7168, Chandles, AZ 8524
		Candidate's email address (required): Farhana @farhanashifa.com
		Candidate's phone number (required): 602:492.6806
		Candidate's website (if any): Farhana Shifa for Chandlez. com
	Office Sought (choose one):	Governor
	,	□ 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 Soug	ght (year the election will take place) (required):
<u> </u>	Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
_	Political Action Comn	nittee (PAC)
Committee Name (required):		
	(if sponsored, must include sponsor's name)	
	Political Function (optional):	Contributions Candidate-Related Independent Expenditures
	(select any that apply)	Ballot Measure Expenditures I Recall Expenditures
	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 phone number (if any):
	Special Status	
	Special Status (if applicable)	Sponsor's website (if any):

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)

H Initial Application □ Amended Application Date: 10-27-202



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

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COMMITTEE ID NUMBER	
(office use only)	
62105	

COMMITTEE INFORMATION:

/		
	Contact Information:	Committee's mailing address (required): <u>PO box 7168, Chandles, A285246</u>
/		Committee's email address (required): <u>Farhana @ farhanaShifa.com</u>
		Committee's phone number (if any):602.492.6806
		Committee's website (if any): Farhang Shifafor Chandles. com
	Obsimersen's lefementien	
	Chairperson's Information:	Chairperson's name (required): <u>FARHANA</u> <u>SHIFH</u> Chairperson's physical address (required): <u>5755</u> h): Dnake CI. Chandes A7 85226
		champerson's physical address (required).
		Chairperson's mailing address (if different): PO Box 7168, Chandler, AZ 85246
		Chairperson's email address (required): farhana @ farhana Shifa . com
		Chairperson's phone number (required): 602.492.6806
		Chairperson's employer (required): <u>Self</u>
		Chairperson's occupation (required):
	Treasurer's Information:	Treasurer's name (required):
		Treasurer's physical address (required): 206 SGALAXY DR CHANDLER 142 85226
		Treasurer's mailing address (if different): POB 25561 TEnz REAZ 85285
		Treasurer's email address (required): <u>MMfritsche@qma; 1.com</u>
		Treasurer's phone number (required): (480) - 705 - 8406
		Treasurer's employer (required): <u>Self</u>
		Treasurer's occupation (required): COMPUTER CONSULTIANT / DATA ANALYST
	Bank or Financial Institution:	Bank name (required): DESERT FINANC (174L
\backslash	(do not list acct numbers)	Additional bank name (ifapplicable):
\mathbf{i}		Additional bank name (if applicable):
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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: The Min Date: 10/27/2021
	Treasurer's signature:
	Candidate's signature (if applicable): 7. 2000 Date: 10.27.2027
	Candidate's signature (if applicable): <u>7.</u> Support And Date: <u>10.27.202</u>