08/18/2004 13 : 51

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Senate Majority Fund

ADDRESS (Number and Street)

P.O. Box 32025

(Check if address is changed)

Phoenix | AZ | 85064 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Clancyde@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6028401970

2. DATE MM DD YYYY 02 09 2004

3. **FEC IDENTIFICATION NUMBER** **C** **C00368431**

4. IS THIS STATEMENT NEW (N) **OR** X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mrs. Ashley Ragan

Signature of Treasurer Electronically Filed by Mrs. Ashley Ragan Date MM DD YYYY 08 18 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) This committee is a separate segregated fund

(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY **STATE** **ZIP CODE**

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Senate Majority Fund

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Mrs. Ashley Ragan

Mailing Address: 307 East Royal Palm

Phoenix — CITY ▲

AZ — STATE ▲

85020 – ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 602 – 943 – 7128

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Mrs. Ashley Ragan

Mailing Address: 307 East Royal Palm

Phoenix — CITY ▲

AZ — STATE ▲

85020 – ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 602 – 943 – 7128

Full Name of Designated Agent: Mr. Clarence A. DeLong

Mailing Address: 3811 E. Solano Drive

Paradise Valley — CITY ▲

AZ — STATE ▲

85253 – ZIP CODE ▲

Title or Position ▼: Assistant Treasurer

Telephone number: 602 – 956 – 7832

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Camelback Community Bank

Mailing Address 2777 E. Camelback Rd., Ste. 100

Phoenix AZ 85253 –

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Desert Hills Bank

Mailing Address 3001 East Camelback

Phoenix AZ 85016 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____