

**Jon Kyl**  
**U.S. SENATE**

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PUBLIC RECORDS

06 MAY 12 AM 10:00 HD

May 9, 2006

Secretary of the Senate  
Office of Public Records  
P.O. Box 5109  
Alexandria, VA 22301-0109

RE: Jon Kyl for U.S. Senate C00279521  
Amended Statement of Organization and Candidacy

Dear Madam Secretary:

I have enclosed two amendments to our Statement of Organization and Statement of Candidacy to reflect Joint-Fundraising Committees.

If you have any questions, please call me at (602) 840-0306.

Yours truly,



Ashley Ragan  
Treasurer

Enclosure

P.O. Box 10246 • Phoenix, Arizona 85064-0246 • (602) 840-0306 • Fax (602) 840-1970

Paid for by Jon Kyl for U.S. Senate

Contributions are not deductible as charitable contributions for federal income tax purposes.  
Not printed at government expense

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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06 MAY 12 AM 10:11 HD

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Jan Kyl for U.S. Senate

ADDRESS (number and street)

P.O. Box 10246

(Check if address is changed)

Phoenix

AZ

85064

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

602 840 1979

2. DATE

MM / DD / YYYY 05 / 04 / 2008

3. FEC IDENTIFICATION NUMBER

C C00279521

4. IS THIS STATEMENT

NEW (N)

OR

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

Ashley Ragan

Signature of Treasurer

*Ashley Ragan*

Date

MM / DD / YYYY 05 / 04 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

26020321166

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 Jon Kyl

Candidate Party Affiliation  REP  DEM  IND  OTHER

Office Sought:  House  Senate  President

State  AL  AK  AZ  AR  CA  CO  CT  DE  DC  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NE  NH  NJ  NM  NV  NY  NC  ND  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49

- (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)  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

Senate Majority Committee

Mailing Address P.O. Box 40177

Washington  DC 20016

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship JF Representative

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

26020321167

Write or Type Committee Name

**Jon Kyl for U.S. Senate**

**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 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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 **Ashley M. Ragan**

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **602** - **956** - **7832**

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

26020321168

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.

Wachovia Bank

Mailing Address

1753 Pinnacle Drive

McLean

VA

22102

CITY Δ

STATE Δ

ZIP CODE Δ

26020324159

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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