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MEMORANDUM

TO: Corbin T. Jones -

FROM: JoAnn Slick, Report Preparer for AHPA
Identification Number: C00346403

SUBJECT: AHPA Amended Reports / Statement of Organization

DATE: May 31, 2007

Per your May 4, 2007 letter, attached are the amended Statement of Organization and Amended FEC Form 3X reports. Please call me at (602) 241-8504 if you have questions or require additional information.

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA

ADDRESS (number and street) PO BOX 16953

(Check if address is changed)

PHOENIX AZ 85005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

DSCHROEDER@AZDPS.GOV

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

602-223-2921

2. DATE 5 31 2007

3. FEC IDENTIFICATION NUMBER C00546403

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 DAVID A. SCHROEDER

Signature of Treasurer *David A. Schroeder* Date 5 31 2007

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 202-694-1105 FEC FORM 1 (Revised 02/2003)

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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) 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

NONE _____

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

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Write or Type Committee Name

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 DAVE SCHROEDER

Mailing Address PO BOX 6253

PHOENIX AZ 85005

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 602-223-2171

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 DAVE SCHROEDER

Mailing Address PO BOX 6253

PHOENIX AZ 85005

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 602-223-2171

Full Name of Designated Agent ANDY SWAN

Mailing Address PO BOX 6253

PHOENIX AZ 85005

Title or Position CITY STATE ZIP CODE

PRESIDENT Telephone number 480-899-4675

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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.

CANYON STATE CREDIT UNION

Mailing Address

3440 W DEER VALLEY RD

PHOENIX AZ 85027

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

6/6/07
 DATE PREPARED

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