

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Office Use Only AM 10:18

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

12FE4M5

Ward for Senate

ADDRESS (number and street) 1990 McCulloch Blvd N. #D-228

(Check if address is changed)

Lake Havasu CITY AZ STATE 86403- ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

chrissie@incompliance.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

kelliward.com

2. DATE 07 / 08 / 2015

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] 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 Chrissie Hastie

Signature of Treasurer

Chrissie Hastie [Signature]

Date

07 / 14 / 2015

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.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

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

FEC FORM 1 (Revised 06/2012)

201507220200229356

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Kelli Ward

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  AZ  District

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

Name of Candidate \_\_\_\_\_

Party Committee:

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

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

|    |       |               |                                  |
|----|-------|---------------|----------------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 2. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 3. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 4. | _____ | FEC ID number | <input type="checkbox"/> C _____ |

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Write or Type Committee Name

# Ward for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N/A

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Chrissie Hastie

Mailing Address PO Box 751271

Las Vegas NV 89136

Title or Position Consultant CITY STATE ZIP CODE

Telephone number 702 - 259 - 5559

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 Chrissie Hastie

Mailing Address PO Box 751271

Las Vegas NV 89136

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 702 - 259 - 5559

20150720200229358

Full Name of Designated Agent

Chrissie Hastie

Mailing Address

PO Box 751271

Las Vegas

CITY

NV

STATE

89136

ZIP CODE

Title or Position

Treasurer

Telephone number

702

259

5559

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.

Horizon Community Bank

Mailing Address

225 N. Lake Havasu Ave.

Lake Havasu

CITY

AZ

STATE

86403

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201507220200229359

201507220200229360

Compliance Inc.  
Box 751271  
Las Vegas, NV 89136

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# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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OVERNIGHT DELIVERY SERVICE:

|                  | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS  | _____         | <input type="checkbox"/>   |
| UPS              | _____         | <input type="checkbox"/>   |
| DHL              | _____         | <input type="checkbox"/>   |
| AIRBORNE EXPRESS | _____         | <input type="checkbox"/>   |

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Date of Receipt

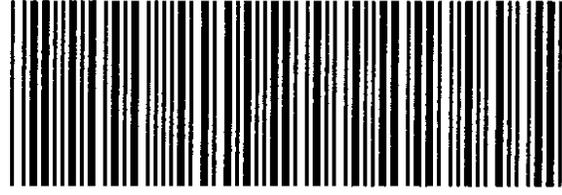
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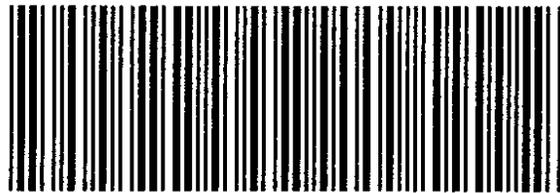
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PREPARER DH DATE PREPARED 7-21-15

201507220200229361



SEN PATCH



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