FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	/ 1 1		O	RGANIZ	CATIO	N							
. 0				(See instruc	tions)				C	Office use on	ıly		
1. NAME OI COMMIT		full)		(Check if name is changed)	Exa over	mple: If typying, the lines	type	12FE	1M5	1 1			
APOLL	o GRO	UP INC	POLITIC	AL ORGANIZ	ATION FO	OR LEGISLA	TIVE LE	ADERSI	IIP			ш	
			1 4025	S. Riverpoint	Pkwy				11		ш		
ADDRESS (nu	mber and s	street)			<u>' ` ` ` ` </u>								ш
(Check i	if address jed)	3	Phoe	F-KX10 nix				L AZ	 	8504	 		L L
					CITY▲			STATE		ZII	P CODE	•	
COMMITTEE'	S E-MAI	L ADDR	ESS (Please	provide only one	e-mail addr	ess)							
(Check i	if address	.	john.	lopez@apollo	grp.edu								
is chang	jeu)					1111	111						
COMMITTEE (Check is changed) 2. DATE	if address	5		RL)		1 1 1 1 1							<u>.</u>
22	0,1		27	2011				1					
3. FEC IDEI	NTIFICA	JION NU	JMBER		C COO	309781							
4. IS THIS S	STATEM	IENT	X NEW	(N) OR		AMENDE	D (A)						
I certify that I ha	ve exami	ned this S	Statement and	to the best of my k	nowledge ar	nd belief it is true,	correct and	d complete					
Type or Print N	Name of [*]	Treasure	_r	ohn Lopez									
Signature of T	reasurer	Elect	ronically Filed	by John Lo	pez			Date	0 1	/ D 2 D	7 ′ ¥	^Y 2 0	1 1
NOTE: Submiss	sion of fal	se, errone		plete information r						s of 2 U.S.	C. §437g] .	
Offi Us On	se					For further info Federal Election Toll Free 800-42 Local 202-694-	n Commiss 24-9530				FORI sed 02/20		

	FEC F	Form 1 (Revised 02/2009)	Page 2			
5.		OMMITTEE (Check One)				
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 information below.)	ne candidate			
	Name of Candidate					
	Candidate Party Affiliati	on Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comm	nittee:				
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Act	tion Committee (PAC):				
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
		X Corporation Corporation w/o Capital Stock Lal	oor Organization			
		Membership Organization Trade Association Co	operative			
		In addition, this committee is a Labbuist/Pagistrant PAC				
	(f)	In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee (i.e. page-appoints).	I fund or party			
		committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.				
		H				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundra	ising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political			
	Com	mittees Participating in Joint Fundraiser				
		1. FEC ID number C				
		2. FEC ID number				
		3. FEC ID number				
		EEC ID number C				

Write or Type Committee Name

6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraisi	ing Representative, or Lead	ership PAC Sponsor
NONE			
Mailing Address			
	CITY▲	STATE ≜	ZIP CODE
Relationship: Connected Organization	n Affiliated Committee Joint Fur	ndraising Representative	Leadership PAC Sponsor
possession of Committe	dentify by name, address, (phone number o be books and records. F Broos	optional), and position of the	he person in
Full Name	Bioos		
Full Name Mailing Address	4025 S Riverpoint Pkwy		
Full Name			
Full Name	4025 S Riverpoint Pkwy	AZ	85040 _
Full Name	4025 S Riverpoint Pkwy MS: CF-KX10		
Full Name L	4025 S Riverpoint Pkwy MS: CF-KX10 Phoenix CITY A	AZ	85040 _
Full Name Mailing Address Title or Position ▼ 8. Treasurer: List the name	4025 S Riverpoint Pkwy MS: CF-KX10 Phoenix CITY A	AZ STATE STATE Telephone number the treasurer of the comm	85040
Full Name Mailing Address Title or Position ▼ 8. Treasurer: List the name name and address of ar	4025 S Riverpoint Pkwy MS: CF-KX10 Phoenix CITY A To e and address (phone number optional) of t	AZ STATE STATE Telephone number the treasurer of the comm	85040
Full Name Mailing Address Title or Position ▼ 8. Treasurer: List the name name and address of ar Full Name	### A025 S Riverpoint Pkwy MS: CF-KX10 Phoenix CITY A To e and address (phone number optional) of the property designated agent (e.g., assistant treasurer)	AZ STATE STATE Telephone number the treasurer of the comm	85040
Full Name Mailing Address Title or Position ▼ 8. Treasurer: List the name name and address of ar Full Name of Treasurer John	### A025 S Riverpoint Pkwy MS: CF-KX10 Phoenix CITY A To e and address (phone number optional) of to ny designated agent (e.g., assistant treasurer) Lopez	AZ STATE STATE Telephone number the treasurer of the comm	85040
Full Name Mailing Address Title or Position ▼ 8. Treasurer: List the name name and address of ar Full Name of Treasurer John	## A025 S Riverpoint Pkwy MS: CF-KX10 Phoenix CITY A To e and address (phone number optional) of the property designated agent (e.g., assistant treasurer) Lopez 7219 W Darrow St	STATE	ZIP CODE A

	FEC Form 1 (Revis	sed 02/2009)		Page 4
	Full Name of Designated Agent	Bridget Lovett		
	Mailing Address	4025 S. Riverpoint Pkw	ry	
		CF-KX10		
		Phoenix		85040
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Assista	nnt Treasurer	Telephone number 602	<u>557</u> _ <u>1823</u>
9.	Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds.	which the committee deposits funds, h	nolds accounts, rents
	Mailing Address			
		CITY 🗖	STATE △	ZIP CODE 🛕
	Name of Bank, Depositor	y, etc.		
	Mailing Address			
		CITY 🛕	STATE. △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the cor	mmittee deposits funds, holds	accounts, rents
Name of Bank, Depository, etc.	s rands.]	ADDITIONAL]
Mailing Address			
'	OITV .	CTATE -	7ID 00DF -
	CITY 🛕	STATE 4	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising	Representative, or Leaders	[ADDITIONAL] ship PAC Sponsor
Mailing Address			
Polotionahia	CITY▲	STATE A	ZIP CODE
Relationship: Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
John L	opez		
	7219 W Darrow St		
Mailing Address			
	Laveen	AZ	85339 _
Title or Position ▼	CITY A	STATE ▲	ZIP CODE 4
Treasurer		602	557 1788
	Tel	ephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number	