Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mark Kelly for Senate PO Box 27202 ADDRESS (number and street) (Check if address is changed) Tucson 85726 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dacey@tmwcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.markkelly.com (Check if address is changed) DATE 08 2020 C00696526 FEC IDENTIFICATION NUMBER > 3. X 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. Peshlakai, Jamescita, , , Type or Print Name of Treasurer Peshlakai, Jamescita, , , [Electronically Filed] 05 08 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE Ite Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b) Name of Candidate	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.) Kelly, Mark, , ,	nplete the candidate
Candidate Candidate Party Affi	ation DEM Office Sought: House X Senate President	State AZ District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
C	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

EEC Form 1 (Davised 0	2/2000)	Page ?
FEC Form 1 (Revised 0 Write or Type Committee Name	داد	Page 3
Mark Kelly for S	enate	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	shin BAC Sponsor
		ship PAC Sporisor
Mark Kelly Victory Fun	d 	
Mailing Address	3104 E Camelback Rd	
	#924	
	Phoenix AZ 85016	
	CITY STATE	ZIP CODE
_		
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person in po	ssession of committee
Montoya, D	Pacey,,,	
Full Name	PO Box 97241	
Mailing Address		
	Phoenix	
	Phoenix AZ 85060	
Title or Position	CITY STATE	ZIP CODE
Compliance Officer		228 - 8902
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Jamescita, , ,	1
of Treasurer	PO Box 344	
Mailing Address	O DOX 344	
	Cameron	
Title or Position	CITY STATE	ZIP CODE
Treasurer		606 4998

9.

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent Montoya,	Dacey, , ,		
Mailing Address	PO Box 97241		
	Phoenix CITY	STATE 85060	ZIP CODE
Title or Position Compliance Officer		Telephone number 602	228 - 8902
safety deposit boxes or main Name of Bank, Depository,	etc.	ch the committee deposits funds, hol	ds accounts, rents
Amalga	amated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Woods	boro Bank PO Box 36		
Mailing Address	ГО ВОХ 30		
	Woodsboro	MD 21798	
	CITY	STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fundi y Gideon Greenfield Challengers 202	• .	
Mailing Address	PO Box 15845		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
Pesignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Line Line Line Banks or Other Deposite afety deposit boxes or me	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. of America	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) o	r(h). Joint Fundraisin ç	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	=	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington St		
		Foxboro		02035
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected		Fundraising Represent	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tel	ephone Number	
,	Banks or Other Depositor safety deposit boxes or mai Name of Bank,	ies: List all banks or other depositories in which t intains funds.	he committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) oı	r(h). Joint Fundraisin g	Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6.	Name of Any Connected C	_	ising Representative, or Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania Ave SE	
		#15845 	, DC , 20003
	Relationship:	CITY A	STATE A ZIP CODE A
			Fundraising Representative Leadership PAC Sponsor
8. I	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
;	safety deposit boxes or mai		ne committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		, FEC ID nu	_{ımber} C	
1.		FEC ID nu		
2.				
3.		FEC ID nu		
4.		FEC ID nu	ımber C	1
	Organization, Affiliated Committee, Joint	Fundraising Repres	entative, o	r Leadership PAC Spon
End Citizens Unit	ed - NOW			
Mailing Address	514 Daniels St			
	#286			
	Raleigh		NC	27605
Relationship:	CITY A	Sī	TATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	X Joint Fundraising Re	presentative	Leadership PAC S
	Affiliated Committee fy by name, address (phone number – optic		epresentative	Leadership PAC S
			epresentative	Leadership PAC S
esignated Agent: Identi			epresentative	Leadership PAC S
esignated Agent: Identi			epresentative	Leadership PAC S
esignated Agent: Identi		nal)	epresentative	
esignated Agent: Identi	fy by name, address (phone number – optic	nal)	epresentative	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optic	nal)	TE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optic	onal) STA Telephone Numb	TE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optic	onal) STA Telephone Numb	TE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optic	onal) STA Telephone Numb	TE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

1.			
l		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	or Leadershin PAC Snon
Blue Senate Cand		alonig rioprocomative	s, or loadersp 13.0 Open
I			
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	CITY CITY Tes: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the state of Bank,	CITY CITY Tes: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the state of Bank,	CITY CITY Tes: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or matame of Bank, epository, etc	CITY CITY Tes: List all banks or other depositories in which	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Blue Senate Majo	ority 2020		
	120 Maryland Ave NE		
Mailing Address	120 Walyialio Ave NE		
	Washington	DC L	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marked to the content of the con	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	С
	4		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	3104 E Camelback Rd		
		Unit 924		
		Phoenix	AZ	85016
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	V CITY A	SIAIE	ZIF CODE
		Tele	ephone Number	
	Banks or Other Depositor safety deposit boxes or mai Name of Bank,	ies: List all banks or other depositories in which thintains funds.	ne committee deposi	s funds, holds accounts, rents
	Depository, etc.			
	Depository, etc.			
	Depository, etc.			