## STATEMENT OF

PAGE 1/5

**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. Sinema for Arizona PO BOX 7586 ADDRESS (number and street) (Check if address is changed) Phoenix 85011 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Darryl@CommonCentsConsulting.net (Check if address is changed) Optional Second E-Mail Address Rich@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.KyrstenSinema.com (Check if address is changed) DATE 2018 C00508804 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. Applebaum, Cynthia, Leigh, , Type or Print Name of Treasurer Applebaum, Cynthia, Leigh, , [Electronically Filed] 09 26 2019 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 Only

Local 202-694-1100

|             | 550 <b>5</b>            | 4 (Duris al 00/0000)                                                                                                                                                                                 | Danie <b>0</b>                           |
|-------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|             |                         | rm 1 (Revised 02/2009)                                                                                                                                                                               | Page <b>2</b>                            |
|             |                         | OMMITTEE<br>• 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. (Corinformation below.)                                                                                        | nplete the candidate                     |
| Nam<br>Cand | e of<br>didate          | Sinema, Kyrsten, , ,                                                                                                                                                                                 |                                          |
|             | didate<br>/ Affiliation | on DEM Office Sought: House X Senate President                                                                                                                                                       | State AZ District 00                     |
| (c)         |                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                              |                                          |
| Nam<br>Cand | e of<br>didate          |                                                                                                                                                                                                      |                                          |
| Par         | ty Con                  | nmittee:                                                                                                                                                                                             | (D                                       |
| (d)         |                         | This committee is a (National, State or subordinate) committee of the                                                                                                                                | (Democratic,<br>Republican, etc.) Party. |
| Poli        | tical A                 | ction 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)                                                                   | egregated 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.)                                                                                                                       |                                          |
| Join        | t Fund                  | raising Representative:                                                                                                                                                                              |                                          |
| (g)         |                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.        | wo or more political                     |
|             | Com                     | mittees Participating in Joint Fundraiser                                                                                                                                                            |                                          |
|             | 1.                      | FEC ID number                                                                                                                                                                                        |                                          |
|             | 2.                      | FEC ID number                                                                                                                                                                                        |                                          |
|             | 3.                      | FEC ID number                                                                                                                                                                                        |                                          |
|             | 4.                      |                                                                                                                                                                                                      |                                          |

| FFC Forms 1 (Davised )                                              | 03/2000)                                                                                              | Daga <b>2</b>       |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|
| FEC Form 1 (Revised ) Write or Type Committee Name                  |                                                                                                       | Page 3              |
|                                                                     |                                                                                                       |                     |
| Sinema for Ariz                                                     |                                                                                                       |                     |
| 6. Name of Any Connected (                                          | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh                     | ip PAC Sponsor      |
| SINEMA KENNEDY V                                                    | 'ICTORY FUND                                                                                          |                     |
|                                                                     |                                                                                                       |                     |
|                                                                     | 918 PENNSYLVANIA AVE SE                                                                               |                     |
| Mailing Address                                                     |                                                                                                       |                     |
|                                                                     | WASHINGTON DC 20003                                                                                   |                     |
|                                                                     |                                                                                                       |                     |
|                                                                     | CITY STATE Z                                                                                          | ZIP CODE            |
| Relationship: Connected                                             | d Organization Affiliated Committee Joint Fundraising Representative Lead                             | dership PAC Sponsor |
| . Custodian of Records: Ider books and records.                     | ntify by name, address (phone number optional) and position of the person in poss                     | ession of committee |
| Tattrie, Da                                                         | arryl, , ,                                                                                            | 1                   |
| Full Name                                                           | PO Box 7586                                                                                           |                     |
| Mailing Address                                                     |                                                                                                       |                     |
|                                                                     |                                                                                                       |                     |
|                                                                     | Phoenix AZ 85011                                                                                      |                     |
| Title or Position                                                   | CITY STATE Z                                                                                          | ZIP CODE            |
| Asst. Treasurer                                                     |                                                                                                       | 283 9858            |
| 3. <b>Treasurer:</b> List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the namassistant treasurer). | ne and address of   |
| Full Name Applebaum of Treasurer                                    | n, Cynthia, Leigh, ,                                                                                  |                     |
| Mailing Address                                                     | PO Box 7586                                                                                           |                     |
|                                                                     |                                                                                                       |                     |
|                                                                     | Phoenix   AZ   85011                                                                                  |                     |
| Title or Position                                                   | CITY STATE Z                                                                                          | CIP CODE            |
| Title or Position Treasurer                                         |                                                                                                       | 83 - 9858           |

| FEC <b>Form 1</b> (R                             | evised 02/2009)                                                      |                             | Page <b>4</b>  |
|--------------------------------------------------|----------------------------------------------------------------------|-----------------------------|----------------|
|                                                  |                                                                      |                             |                |
| Full Name of Designated Agent Tattr              | ie, Darryl, , ,                                                      |                             |                |
| Mailing Address                                  | PO Box 7586                                                          |                             |                |
|                                                  |                                                                      |                             |                |
|                                                  | Phoenix CITY                                                         | AZ 85011<br>STATE ZIF       | CODE           |
| Title or Position Asst. Treasurer                | Telephone num                                                        | nber 602 - 283              | _   9858       |
| Banks or Other Depor                             | sitories: List all banks or other depositories in which the committe | ee deposits funds, holds ac | ccounts, rents |
| safety deposit boxes or<br>Name of Bank, Deposit |                                                                      |                             |                |
| <sub> </sub> We                                  | IIs Fargo, NA                                                        |                             | 1              |
| Mailing Address                                  | 100 W Washington St                                                  |                             |                |
|                                                  |                                                                      |                             |                |
|                                                  | Phoenix                                                              | AZ 85003                    |                |
|                                                  | CITY                                                                 | STATE ZIF                   | CODE           |
| Name of Bank, Deposit                            | tory, etc.                                                           |                             |                |
| <sub> </sub> Am                                  | algamated Bank                                                       |                             |                |
| Mailing Address                                  | 1825 K Street NW                                                     |                             |                |
| J                                                |                                                                      |                             |                |
|                                                  | Washington                                                           | DC 20006                    |                |
|                                                  | CITY                                                                 | STATE ZIF                   | CODE           |
|                                                  |                                                                      |                             |                |

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

| h). <b>Joint Fundraisi</b>                                                                                                                  |                                                                                                                       | FEC ID number              | C                         |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 2.                                                                                                                                          |                                                                                                                       | FEC ID number              | C                         |
| 3.                                                                                                                                          |                                                                                                                       | FEC ID number              | C                         |
| 4.                                                                                                                                          |                                                                                                                       | FEC ID number              | C                         |
| 7.                                                                                                                                          |                                                                                                                       |                            |                           |
| ame of Any Connected                                                                                                                        | Organization, Affiliated Committee, Joint Fundr                                                                       | aising Representative      | e, or Leadership PAC Spon |
| KENNEDY SINEI                                                                                                                               | MA VICTORY FUND                                                                                                       |                            |                           |
|                                                                                                                                             |                                                                                                                       |                            |                           |
|                                                                                                                                             | 2012 7127 017                                                                                                         |                            |                           |
| Mailing Address                                                                                                                             | 2910 EAST GARY WAY                                                                                                    |                            |                           |
|                                                                                                                                             |                                                                                                                       |                            |                           |
|                                                                                                                                             | PHOENIX                                                                                                               | AZ                         | 85042                     |
| Relationship:                                                                                                                               | CITY ▲                                                                                                                | STATE ▲                    | ZIP CODE ▲                |
| Connecte                                                                                                                                    | d Organization Affiliated Committee X Joint                                                                           | Fundraising Representa     | ative Leadership PAC Sp   |
| esignated Agent: Identif                                                                                                                    | Affiliated Committee Joint Joint by by name, address (phone number – optional)                                        | Fundraising Representa     | ative Leadership PAC Sp   |
| esignated Agent: Identif                                                                                                                    |                                                                                                                       | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identif                                                                                                                    |                                                                                                                       | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identif                                                                                                                    |                                                                                                                       | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identif                                                                                                                    |                                                                                                                       | Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif                                                                                                                    | y by name, address (phone number – optional)                                                                          | Fundraising Representation | Leadership PAC Sp         |
| esignated Agent: Identif  Full Name  Mailing Address                                                                                        | by by name, address (phone number – optional)  CITY                                                                   |                            |                           |
| esignated Agent: Identification  Full Name                                                                                                  | cy by name, address (phone number – optional)  CITY   Te                                                              | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor                                    | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE 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, | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.                   | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name                                                                                                   | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name                                                                                                   | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |