STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kyrsten Sinema for Congress PO Box 25879 ADDRESS (number and street) (Check if address is changed) Tempe 85285 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 COMMITTEE'S WEB PAGE ADDRESS (URL) www.KyrstenSinema.com (Check if address is changed) DATE 09 2013 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. Judith Allen Type or Print Name of Treasurer Judith Allen [Electronically Filed] 10 2013 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	_
Can		e Committee:	
(a)	\times	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. (Cominformation below.)	plete the candidate
Name Cand		Kyrsten Sinema	
Cand Party	idate Affiliati	on DEM Office Sought: X House Senate President	State
		on policina production in the contract of the	District 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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 secommittee. (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.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revised 02/2009 Write or Type Committee Name)	Page 3
• •	Congress	
Kyrsten Sinema for		
6. Name of Any Connected Organiz	ation, Affiliated Committee, Joint Fundraising Representa	itive, or Leadership PAC Sponsor
Copper State Majority Fund	<u> </u>	
2910 Mailing Address	E Gary Way	
Phoe	nix	85042
	CITY STAT	E ZIP CODE
Relationship: Connected Organ	ization Affiliated Committee X Joint Fundraising Repres	sentative Leadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and position of the	he person in possession of committee
Darryl Tattrie		
	ox 25879	
Mailing Address		
	pe , AZ	85285
	,	
Title or Position	CITY STATE	ZIP CODE
Asst. Treasurer	Telephone number	
Treasurer: List the name and addre any designated agent (e.g., assistant)	ess (phone number optional) of the treasurer of the commit t treasurer).	ittee; and the name and address of
Full Name Judith Allen		
PO Bi	px 25879	
Mailing Address		
<u> </u>		
Temp		
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Darryl Tattrie	
Mailing Address	PO Box 25879	
	Tempe AZ 85	5285
Title or Position Asst. Treasurer		
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds	, holds accounts, rents
safety deposit bo	oxes or maintains funds.	
Name of Bank, I	oxes or maintains funds. Depository, etc.	
-		
-	Depository, etc.	
Name of Bank, [Depository, etc. Wells Fargo, NA	
Name of Bank, [Depository, etc. Wells Fargo, NA 100 W Washington St	5003
Name of Bank, [Depository, etc. Wells Fargo, NA 100 W Washington St	5003 ZIP CODE
Name of Bank, [Depository, etc. Wells Fargo, NA 100 W Washington St Phoenix AZ 85 CITY STATE	
Name of Bank, Daniel Mailing Address	Depository, etc. Wells Fargo, NA 100 W Washington St Phoenix AZ 85 CITY STATE	
Name of Bank, Daniel Mailing Address	Depository, etc. Wells Fargo, NA 100 W Washington St Phoenix AZ 85 CITY STATE	
Name of Bank, Dame of Bank, Da	Depository, etc. Wells Fargo, NA 100 W Washington St Phoenix AZ 85 CITY STATE	
Name of Bank, Dame of Bank, Da	Depository, etc. Wells Fargo, NA 100 W Washington St Phoenix AZ 85 CITY STATE Depository, etc.	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Gabbard - Sinema Joint Victory Fund 2910 E Gary Way Mailing Address 85042 ΑZ Phoenix **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number