## 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. Kirkpatrick for Congress PO Box 3015 ADDRESS (number and street) (Check if address is changed) Tucson 85702 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) https://www.kirkpatrickforcongress.com/ (Check if address is changed) DATE 25 2019 C00651042 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. Montoya, Dacey, , , Type or Print Name of Treasurer Montoya, Dacey, , , [Electronically Filed] 09 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

FEC F	Form 1 (Revised 02/2009) Page 2	
	COMMITTEE ate Committee:	
(a) <b>x</b>	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	Kirkpatrick, Ann, , ,	
Candidate Party Affilia	Office State Lation DEM Sought: ★ House Senate President	AZ 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) P	arty.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a
	Corporation Corporation w/o Capital Stock Labor Organization	on
	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 p committee. (i.e., nonconnected committee)	arty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising 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.	
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	Ξ
2.	FEC ID number	Ξ
3.		_
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FEC <b>Form 1</b> (Revised	1 02/2009)	   Page <b>3</b>
Write or Type Committee Nar		. 230
Kirkpatrick for		
•	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
House Victory Projec		
i louge victory i lojee	<u> </u>	
	049 Paragraphasis Ava SE	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC CITY STATE	20003 
Relationship: Connect	ed Organization Affiliated Committee 🗴 Joint Fundraising Represent	tative Leadership PAC Sponsor
Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the p	person in possession of committee
	, Amy, , ,	
Full Name	PO Box 97241	
Mailing Address		
	Phoenix AZ	85060
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	480 - 703 - 3401
. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	e; and the name and address of
Full Name Montoya of Treasurer	, Dacey, , ,	
Mailing Address	PO Box 3015	
S		
	Tucson	85702
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	602 - 228 - 8902

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Full Name of Designated Agent	Drennan, Amy, , ,	
Mailing Address	PO Box 97241	
	Phoenix  CITY  STATE	ZIP CODE
Title or Position Assistant Treasu	urer	703   -   3401
	Depositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
	oxes or maintains funds.  Depository, etc.	
safety deposit bo Name of Bank, [	oxes or maintains funds.	
safety deposit bo	Depository, etc.  Amalgamated Bank	
safety deposit bo Name of Bank, [	Depository, etc.  Amalgamated Bank	
safety deposit bo Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  DC 20006	ZIP CODE
safety deposit bo Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	ZIP CODE
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	ZIP CODE
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.	ZIP CODE

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

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ictory Fu	PO Box 9724		tee, Joint Fur	FEC II	) number	С	dership PAC Sponso
ictory Fu	PO Box 9724		tee, Joint Fur				ndership PAC Sponso
ictory Fu	PO Box 9724		tee, Joint Fur	ndraising Rep	presentativ	e, or Lea	ndership PAC Sponso
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		1					
o:	Phoenix						
o:	Phoenix						
o:					AZ	850	060
		CITY A			STATE ▲		ZIP CODE ▲
ess							
OSITION V	•	CITY A		;	STATE A		ZIP CODE ▲
				Telephone N	umber _		·
	nt: Identify b	ess	nt: Identify by name, address (phone numb	nt: Identify by name, address (phone number – optional)  ess  CITY   Depositories: List all banks or other depositories in which	nt: Identify by name, address (phone number – optional)  ess  CITY ▲  Telephone N  Depositories: List all banks or other depositories in which the commit	nt: Identify by name, address (phone number – optional)  ess  CITY ▲ STATE ▲  Telephone Number  Depositories: List all banks or other depositories in which the committee deposit	nt: Identify by name, address (phone number – optional)  ess  CITY ▲ STATE ▲  Depositories: List all banks or other depositories in which the committee deposits funds,

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

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2.		FEC ID number	C
		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	1887 Whitney Mesa Dr		
	Suite 2980		_
	Henderson	NV NV	89014
			ZIP CODE ▲
	Organization Affiliated Committee   Joint  by name, address (phone number – optional)	STATE ▲ Fundraising Representa	
Connected  Connected  Designated Agent: Identify  Full Name	Organization Affiliated Committee X Joint		
Connected  Connected  Designated Agent: Identify	Organization Affiliated Committee X Joint		
Connected  Connected  Designated Agent: Identify  Full Name	Organization Affiliated Committee X Joint		
Connected  Designated Agent: Identify  Full Name  Mailing Address	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spo
Connected  Connected  Designated Agent: Identify  Full Name	Organization Affiliated Committee Joint  by name, address (phone number – optional)  CITY		