NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. RECEIVED

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	mod and the committee quames as a man	iourioratio dominitado.		
(a) NAME OF COMM	AITTEE IN FULL	7 2013 OC	T 29 AM	
Associated Highway Patrolmen of Arizona			FEC MAIL CEN	
b) Number and Stree	et Address		2 FEC IDENTIFICATION N	IIMBED
6040 N. 7tb Street, #300			2. FEC IDENTIFICATION NUMBER	
(c) City, State and ZIP Code			3. TYPE OF COMMITTEE (check one)	
Phoenix, AZ 85005			STATE PARTY OTHER	
ertify that one	of the following situations is correct	(complete line 4 or 5):	<u> </u>	*****
	Y AFFILIATION: The committee sub/99 and simultaneously quith:			
Committee	Name: Associated Highway	<u>Patrolmen</u> of A	Arizona	
FEC Identif	ication Number: <u>C00346403</u>			•
			 '	. •
STATUS B	Y QUALIFICATION:		1	
	Name	Office Sought	State/District	Date
(i)				
(ii)				
	<u> </u>			:
(iii)				
(iv)				
(v)				
on: <u>6,</u>	ibutors: The committee received a control of the committee has been received and the committee has been received a committee has been received and the committee has been rece		• •	1 was
	ication: The committee met the abo	ve requirements on:	5/28/99	
_ 	amined this Statement and to the best of my know ME OF TREASURER SIGNATURE C	oledge and belief it is true, correct OF TREASURER	t and complete. DATE	123/20
TE: Submission of	false, erroneous, or incomplete information may s ANY CHANGE IN INFORMATION SH	ubject the person signing this Sta	tement to the penalties of 2 10 DAYS.	U.S.C. §437g.
- 	For further information	on contact:	rro r	ODM 4N

Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-694-1100

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Octor: Rosa Lewis Elections

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(8/2013)

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