

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

ARIZONA RIGHT TO LIFE PAC

ADDRESS (Home or street) 77 EAST COLUMBUS

(Check if address is changed) SUITE 209

PHOENIX AZ 85012

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pac@azrtl.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 / 25 / 2001

3. FEC IDENTIFICATION NUMBER C00186486

4. 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

Type or Print Name of Treasurer Mr. Gary Nelson

Signature of Treasurer Electronically Filed by Mr. Gary Nelson Date 07 / 25 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

ARIZONA RIGHT TO LIFE PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Mr. Dennis Wikfors

Mailing Address 77 E. Columbus Avenue
Suite 209
Phoenix AZ 85012

Title or Position ▼ Treasurer's Asst CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 602 - 285 - 0063

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mr. Gary Nelson

Mailing Address 4150 E. Cactus Road
#206
Phoenix AZ 85032

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 602 - 996 - 9711

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address _____

_____ - _____

CITY Δ STATE Δ ZIP CODE Δ
