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STATEMENT OF **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. AZOA SERVICES CORPORATION POLITICAL ACTION COMMITTEE (ALLIANZ OF AMERICA PAC) 1101 CONNECTICUT AVE, NW ADDRESS (number and street) SUITE 950 (Check if address is changed) WASHINGTON 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS linda.biles@azoac.com (Check if address is changed) Optional Second E-Mail Address andrew.stevens@azoac.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00095109 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. Stevens, Andrew, , , Type or Print Name of Treasurer Stevens, Andrew, , , [Electronically Filed] 04 2017 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE	. 490 =
Can	didate	e Committee:	
(a)	Ш	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
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Damasan ''
(d)		· · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
AZOA SERVICES COR	RPORATION POLITICAL ACTION COMMITTEE (ALLIANZ OF	- AMERICA PAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
AZOA Services Corpo	ration	
Mailing Address	1465 North McDowell Blvd	
Mailing Address	Suite 100	
	Petaluma CA 94954	
	CITY STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in po	ossession of committee
Biles, Linda	a, , ,	1
Full Name	1101 Connecticut Ave, NW	
Mailing Address	Suite 950	
	Washington DC 20036	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		785 3575
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Stevens, A of Treasurer	ndrew, , ,	
Mailing Address	1101 Connecticut Ave, NW	
	Suite 950	
	Washington DC 20036	
Title or Position Treasurer	CITY STATE Telephone number	785 - 5124

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Full Name of Designated Agent	Mertens, Andrew, , ,	
Mailing Address	1101 Connecticut Ave NW	
	Suite 950	
	Washington DC 20036	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number 202 –	785 - 3575
Banks or Other safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
Banks or Other safety deposit bo Name of Bank, I	oxes or maintains funds.	accounts, rents
safety deposit bo	Depository, etc.	s accounts, rents
safety deposit bo	oxes or maintains funds.	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. United Bank 14048 Parkeast Circle	s accounts, rents
safety deposit bo	Depository, etc. United Bank 14048 Parkeast Circle	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. United Bank 14048 Parkeast Circle	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. United Bank 14048 Parkeast Circle Suite 100 Chantilly VA 20151	zip CODE
safety deposit bo Name of Bank, I	Depository, etc. United Bank 14048 Parkeast Circle Suite 100 Chantilly CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. United Bank 14048 Parkeast Circle Suite 100 Chantilly CITY STATE	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. United Bank 14048 Parkeast Circle Suite 100 Chantilly CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. United Bank 14048 Parkeast Circle Suite 100 Chantilly CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. United Bank 14048 Parkeast Circle Suite 100 Chantilly CITY STATE Depository, etc.	