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FEC

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08/28/2023 19:08

PAGE 1 / 8 🗕

STATEMENT	OF
ORGANIZATI	ON

			C	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Kelly Cooper for Co	ongress			
ADDRESS (number and street)	PO Box 43			
(Check if address is changed)	101 Colorado Street			
is changed)			AZ 85	244
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	chrissie@incompliance.net			
	Optional Second E-Mail Add	dress		
 (Check if address is changed) 2. DATE 08 	kellycooperarizona.com			
		00792085		
3. FEC IDENTIFICATION N		00192003		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	r Hastie, Chrissie, , ,			
Signature of Treasurer Hast	ie, Chrissie, , ,		Date	/ D D / Y Y Y Y 28 2023
NOTE: Submission of false, erron		may subject the person signing the first state of the person signing the first state of the person state o		penalties of 52 U.S.C. §3010
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Cooper, Kelly, , , Candidate State ΑZ Candidate Office REP House Senate President Party Affiliation Sought: District 04 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) (g) This committee is an independent expenditure-only political committee (Super PAC).

(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Lobbvist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

	FEC Form 1 (Revised 0	2/2009)	Page 3
Write	or Type Committee Name		
K	elly Cooper for	Congress	
. Na	me of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
N			
Ма	iling Address	228 S. WASHINGTON STREET	
		SUITE 115	
		ALEXANDRIA	4

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

Hastie, C	nrissie, , ,
Full Name	
Mailing Address	50 S Jones Blvd Ste 201
	Las Vegas NV 89107
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 702 259 5559

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	Hastie, Chrissie, , ,
Mailing Address	50 S Jones Blvd Ste 201
	Las Vegas NV 89107
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: State of the state o

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A Z	ZIP CODE 🔺
Title or Position ▼		
	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.

Western	n Alliance Bank		
Mailing Address	1 E Washington Street		
	Phoenix	AZ 85004	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository, o	etc.		
Mailing Address	1445 New York Ave NW		
	Washington	DC 20005	
	CITY 🔺	STATE A	ZIP CODE

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

5(g) o	r(h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Benresentativ	e or Leadership PAC Sponsor
0.				
	Mailing Address	PO BOX 30844		
			MD	20824
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
		y by name, address (phone number - optional)		
	Full Name	y by name, address (phone number - optional)		
	Full Name	y by name, address (phone number - optional)		
	Full Name			<pre></pre>
	Full Name		STATE ▲	
9.	Full Name Mailing Address TITLE OR POSITION	CITY A CITY A Tele Tele Bank & Trust	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m Name of Bank, _ Evolve	CITY A CITY Tele CITY A	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or m Name of Bank, Evolve Depository, etc.	CITY A CITY A CITY A CITY A Gories: List all banks or other depositories in which the aintains funds. Bank & Trust GOI Shoppingway Blvd	ephone Number	= = = s funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or m Name of Bank, Evolve Depository, etc.	CITY A CITY A Tele Tele Bank & Trust	ephone Number	

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

)) or (h).	Joint Fundraising	g Participant:								
1.					FEC ID n	umber	С			
2.					FEC ID n	umber	С			
3.					FEC ID n	umber	С			
					FEC ID n	umber	С			
4.					-		U			
Name of	Arres Occurrente de	Overen in etien Affil		int Frankland				de ve bin		
	-	VINGMAN FUND	iated Committee, Joi	Int Fundrals	sing Repre	sentative	, or Lea	aersnip	PAC S	ponsor
Mai	iling Address	P.O. BOX 2811								
		LAKELAND			1	FL	338	306		
Rol	ationship:								CODE	<u> </u>
	Connected	Organization	Affiliated Committee	X Joint Fu	undraising R	lepresenta	tive	Leade	rship PAC	C Sponso
Designate	ed Agent: Identify	by name, address	; (phone number – op	tional)						
Full N	Name	by name, address	; (phone number – op	ntional)						
Full N		by name, address	; (phone number – op	ntional)						· · · · ·
Full N	Name	by name, address	; (phone number – op	otional)						
Full N	Name	by name, address	; (phone number – op	otional)						
Full N Mailir	Name		: (phone number – op	tional)		 				
Full N Mailir	Name									
Full N Mailir	Name	· · · · · · · · · · · · · · · · · · · ·								
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Full N Mailin TITL	Aame			Tele	phone Num	ber			[
Full N Mailin TITL	Aame			Tele	phone Num	ber			[
Full N Mailin TITL Banks or safety de Name of Depositor	Aame		CITY CITY or other depositories	Tele	phone Num	ber	<pre></pre>		[
Full N Mailin TITL Banks or safety de Name of Depositor	Ame ng Address E OR POSITION r Other Depositor posit boxes or mai Bank, Chain E y, etc		CITY CITY or other depositories	Tele	phone Num	ber	<pre></pre>		[
Full N Mailin TITL Banks or safety de Name of Depositor	Ame ng Address E OR POSITION r Other Depositor posit boxes or mai Bank, Chain E y, etc		CITY CITY or other depositories	Tele	phone Num	ber		holds ac	[

CITY

STATE **A**

ZIP CODE

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

ZIP CODE

STATE 🔺

g) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Name	e of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
FR				
	Mailing Address	PO BOX 26141		
	Relationship:		STATE	
	Connected	d Organization	Fundraising Represent	ative
Desig	nated Agent: Identify	y by name, address (phone number – optional)		
Fu	ull Name			
M				
	ailing Address			
	lailing Address			
	-	•	STATE ▲	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
	-	•		
т 		▼ Te	lephone Number	
T Banks		ries: List all banks or other depositories in which	lephone Number	
T Banks safety	S or Other Deposito	ries: List all banks or other depositories in which a intains funds.	lephone Number	
T Banks safety Name	S or Other Deposito	ries: List all banks or other depositories in which	lephone Number	
T Banks safety Name	TITLE OR POSITION	ries: List all banks or other depositories in which a intains funds.	lephone Number	
T Banks safety Name	S or Other Deposito deposit boxes or ma	ries: List all banks or other depositories in which a aintains funds.	lephone Number	
T Banks safety Name	TITLE OR POSITION	ries: List all banks or other depositories in which a aintains funds.	lephone Number	

CITY

L

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

) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
з. [FEC	ID number	С
4.				FEC	ID number	С
			filiated Committee, Joint	Fundraising F	lepresentativ	e, or Leadership PAC Sponsor
Coo	per Victory Comm					
N	Nailing Address	PO Box 75127	1 			
		Las Vegas			NV	89136
R	Relationship:		CITY A		STATE A	ZIP CODE A
	Connected	Organization	Affiliated Committee	 Joint Fundrais 	ing Represent	ative
Full	I Name					
	I Name					
Ma	iling Address	· · · · · · · ·	CITY A			
Ma		<pre></pre>		Telephone	1	
Ma	iling Address	<pre></pre>		Telephone	1	
Mai TI	iling Address			-	Number	
Mai TI Banks	iling Address	ies: List all bank		-	Number	ZIP CODE ▲
Mai TI Banks safety o Name o	iling Address	ies: List all bank		-	Number	
Mai TI Banks safety o Name o Deposit	iling Address TLE OR POSITION or Other Depositor deposit boxes or mai	ies: List all bank		-	Number	
Mai TI Banks safety o Name o Deposit	iling Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank, tory, etc.	ies: List all bank		-	Number	
Mai TI Banks safety o Name o Deposit	iling Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank, tory, etc.	ies: List all bank		-	Number	