PAGE 1 / 14 =

STATEMENT OF **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. Arizona Democratic Party PO Box 36123 ADDRESS (number and street) (Check if address is changed) Phoenix 85067 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Darryl@CommonCentsConsulting.net (Check if address is changed) Optional Second E-Mail Address Rich@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.AZDem.org (Check if address is changed) DATE 05 2020 C00166710 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. McGuire, Rick, , , Type or Print Name of Treasurer McGuire, Rick, , , [Electronically Filed] 10 05 2020 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

EE	-C <b>F</b> o	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye Z
Cand	lidate	Committee:	
(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. (Cominformation below.)	nplete the candidate
Name Candid			
Candid Party A		Office Sought: House Senate President	State AZ District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a
		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 so committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Nar	me	
Arizona Demo	cratic Party	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
DNC Services Corpo	pration / Democratic National Committee	
Mailing Address	Victory Fund	
Mailing Address	430 S Capitol Street, SE	1 1 1 1 1 1 1 1 1 1 1 1
	Washington DC	20003
	CITY STATE	ZIP CODE
		_
Relationship: Connect	ted Organization Affiliated Committee X Joint Fundraising Represent	ative Leadership PAC Sponsor
. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the p	person in possession of committee
Tattrie, [ Full Name	Darryl, R, ,	
Mailing Address	2910 North Central Ave.	
Walling Address		
	Phoenix	85012
Title or Position	CITY STATE	ZIP CODE
Consultant	Telephone number	602 - 298 - 4200
3. <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).	; and the name and address of
Full Name McGuire of Treasurer	, Rick, , ,	
Mailing Address	2910 North Central Ave.	
	Phoenix	85012
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	602   -   298   -   4200

FEC Forr	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Kennedy, Judy, , ,	
Mailing Address	2910 North Central Ave.	
	Phoenix AZ 85012  CITY STATE ZIP CO	-  <u> </u>
Title or Position Assistant Treas	Surer Telephone number 602 – 298	- 4200
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds accou	,
safety deposit be Name of Bank,	oxes or maintains funds.	
safety deposit be	oxes or maintains funds.  Depository, etc.  Wells Fargo, NA  PO Box 63020	
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Wells Fargo, NA  PO Box 63020	-  -
safety deposit be Name of Bank,	Depository, etc.  Wells Fargo, NA  PO Box 63020	
safety deposit be Name of Bank,	Depository, etc.  Wells Fargo, NA  PO Box 63020  San Francisco  CITY  STATE  ZIP CO	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Wells Fargo, NA  PO Box 63020  San Francisco  CITY  STATE  ZIP CO	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Wells Fargo, NA  PO Box 63020  San Francisco  CITY  STATE  ZIP CO  Depository, etc.  City National Bank  2029 Century Park East	
Safety deposit be Name of Bank, Mailing Address	Depository, etc.  Wells Fargo, NA  PO Box 63020  San Francisco  CITY  STATE  ZIP CO  Depository, etc.  City National Bank  2029 Century Park East	

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

FEC Form 1S (Revised 02/2017)

or(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	430 South Capitol Street SE		
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponso
	Affiliated Committee Joint Joint ify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identi		Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identi		Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identi			Leadership PAC Sponso
Designated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)		
Designated Agent: Identi	ify by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Banks or Other Deposit safety deposit boxes or mailing and mailing	ify by name, address (phone number – optional)  CITY   Te  ories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Banks or Other Deposit safety deposit boxes or m Name of Bank, OneA	ify by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which the paintains funds.	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or make the property of the position of Bank, Depository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which the paintains funds.  Z Credit Union	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or make the property of the position of Bank, Depository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which the paintains funds.  Z Credit Union	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	3104 E CAMELBACK RD		
		#924		
		PHOENIX	L AZ	85016
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	ne committee deposit	es funds, holds accounts, rents
		601 W Market St		
	Mailing Address			
		The state of the s		
		Louisville	KY	40202

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

(h). <b>Joint Fundraisi</b>					
1.			FEC I	D number	С
2			FEC I	D number	C
3.			FEC I	D number	С
4.			FEC I	D number	С
lame of Any Connected HIRAL VICTORY	_	Affiliated Committee, Joint	Fundraising Re	presentativ	ve, or Leadership PAC Spon
HIKAL VICTORT					
Mailing Address	PO BOX 864	94			
Walling Address					
				, AZ	85080
	DHOENIY			^_	05000
	PHOENIX				
	d Organization	CITY ▲  Affiliated Committee  Tess (phone number – option	Joint Fundraisin	STATE A	
Connecte	d Organization	Affiliated Committee X			
Connecte esignated Agent: Identif	d Organization	Affiliated Committee X			
esignated Agent: Identif	d Organization	Affiliated Committee X			
Connecte esignated Agent: Identif	d Organization	Affiliated Committee			
esignated Agent: Identif	d Organization  by by name, addr	Affiliated Committee			Leadership PAC Sp
resignated Agent: Identification  Full Name  Mailing Address	d Organization  by by name, addr	Affiliated Committee		g Represent	Leadership PAC Sp

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

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
•	l Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
O'HALLERAN VI	CTORY FUND 2020		
	OCIO E CARVINAV		
Mailing Address	2910 E GARY WAY		
	PHOENIX	AZ	85042
		STATE A	ZIP CODE ▲
Relationship:	CITY A  ed Organization Affiliated Committee   Join	t Fundraising Represent	
Connecte			
esignated Agent: Identi	ed Organization Affiliated Committee		
Connecte esignated Agent: Identi	ed Organization Affiliated Committee		
esignated Agent: Identi	ed Organization Affiliated Committee		
esignated Agent: Identi	Affiliated Committee	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Join Market State of the Affiliated Committee Join Market State of the Affiliated Commit		Leadership PAC Sp

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

FEC Form 1S (Revised 02/2017)

5(g) (	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID numb	er C
	2.		FEC ID numb	er C
	3		FEC ID numb	er C
	4		FEC ID numb	er C
6.	Name of Any Connected BATTLEGROUND	Organization, Affiliated Committee, Joint Fundr	aising Represent	ative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 9		
		LEXINGTON	, , , KY	40588
	Relationship:	CITY A	STATE	ZIP CODE 🛦
	Connected	Organization Affiliated Committee	Fundraising Repres	sentative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
			, , <u>                                  </u>	I I I-I
	TITLE OR POSITION	▼ CITY ▲	STATE	▲ ZIP CODE ▲
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee dep	posits funds, holds accounts, rents
	Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	maining Address			
			1	
		CITY ▲	STATE	▲ ZIP CODE ▲

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	430 SOUTH CAPITOL STREET SE		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	fy by name, address (phone number – optional)		
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲
TITLE OR POSITION	U ▼ CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	CITY ▲	STATE  Telephone Number	ZIP CODE A
Banks or Other Depositor afety deposit boxes or m	ories: List all banks or other depositories in whi	Telephone Number	
Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks or other depositories in whi	Telephone Number	
Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks or other depositories in whi	Telephone Number	

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

h). <b>Joint Fundraisi</b> n	g Participant:					
1.			FEC IE	) number	C	_
2.			FEC IE	) number	C	
3.			FEC IE	) number	С	
4.			FEC IE	) number	С	
	Organization, Affiliated Cor	mmittee, Joint Fu	ndraising Rep	oresentativ	e, or Leadership PAC	Spon
SUPER STATES	2020 					
Markey Adding	600 PENNSYLVANIA AVE	SE				
Mailing Address	#15845					
				D0	20002	
	WASHINGTON			DC	20003	
Relationship:	CI	ΓY Δ		STATE ▲	ZIP CODE	E 🔺
			oint Fundraisino	g Represent	ative Leadership F	PAC S
esignated Agent: Identify	d Organization Affiliated of by name, address (phone r			g Represent	ative Leadership F	PAC S
esignated Agent: Identify	_			g Represent	ative Leadership F	PAC S
esignated Agent: Identify	_			g Represent		
esignated Agent: Identify	by name, address (phone r	number – optional)				
esignated Agent: Identify	by name, address (phone r	number – optional)		Represent		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone r	number – optional)		STATE A		
esignated Agent: Identify  Full Name	by name, address (phone r	number – optional)		STATE A		
Full Name Mailing Address  TITLE OR POSITION	ries: List all banks or other	number – optional)	Telephone N	STATE A	ZIP CODE	
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other	number – optional)	Telephone N	STATE A	ZIP CODE	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other	number – optional)	Telephone N	STATE A	ZIP CODE	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other	number – optional)	Telephone N	STATE A	ZIP CODE	
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material depository, etc.	ries: List all banks or other	number – optional)	Telephone N	STATE A	ZIP CODE	•
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material depository, etc.	ries: List all banks or other	number – optional)	Telephone N	STATE A	ZIP CODE	•

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

y) or (h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
7 ((12017) ( 14E V ) 5E			
Mailing Address	2828 N CENTRAL AVE		
	STE 1014		
	PHOENIX	AZ	85004
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Cannacted	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
		Tundraising hepresent	Leadership I AO Oponso
	by name, address (phone number – optional)	Tunuraising Nepresent	Leadership FAO Oponso
Designated Agent: Identify		Tunuraising Nepresent	Leadership FAO Sponso
Designated Agent: Identify  Full Name		Tunuraising Nepresent	Leadership FAO Sponso
Designated Agent: Identify  Full Name			Leadership TAO Sponso
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or main	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or main  Name of Bank, Depository, etc.	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or main	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or main  Name of Bank, Depository, etc.	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A

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

5(g) or (h	). <b>Joint Fundraising</b>	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
_				
		Organization, Affiliated Committee, Joint Fundral	sing Representative	e, or Leadership PAC Sponsor
Ĺ	STANTON VICTO	RY FUND		
L				
	Martin Adding	910 17TH STREET, NW		1
	Mailing Address	SUITE 925		
			D0	00000
		WASHINGTON	L DC	20006
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	Leadership PAC Sponsor
_				
8. <b>De</b>	signated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		
8. <b>De</b>	Full Name	by name, address (phone number – optional)		
8. <b>De</b> :	Full Name			
8. <b>De</b> :	Full Name	CITY A	STATE A	ZIP CODE A
8. <b>De</b> :	Full Name	CITY A	STATE A	ZIP CODE A
8. <b>De</b> :	Full Name	CITY A	STATE A	
9. <b>Ba</b> saf Na	Full Name Mailing Address  TITLE OR POSITION To the position of the pos	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. <b>Ba</b> saf Na	Full Name Mailing Address  TITLE OR POSITION To the positorion of the positorion of the positorion of Bank, pository, etc	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. <b>Ba</b> saf Na	Full Name Mailing Address  TITLE OR POSITION To the position of the pos	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. <b>Ba</b> saf Na	Full Name Mailing Address  TITLE OR POSITION To the positorion of the positorion of the positorion of Bank, pository, etc	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. <b>Ba</b> saf Na	Full Name Mailing Address  TITLE OR POSITION To the positorion of the positorion of the positorion of Bank, pository, etc	CITY   CITY   Tele  es: List all banks or other depositories in which the	ephone Number	ZIP CODE A

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

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	I Organization, Affiliated Committee, Joint Fundr H CAROLINA VICTORY FUND	aising Representativ	e, or Leadership PAC Spons
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
Mailing Address			
	WASHINGTON	, DC	20003
Relationship:			ZIP CODE A
Helationship.	CITY ▲	STATE ▲	
	Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A