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SECRETARY OF THE SENATE
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2018 AUG 29 PM 12: 27

## FEC FORM 1

## STATEMENT OF ORGANIZATION

Office Use Only

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Deedra 2018 for US S	Senate		The relative estimatiquisities or (s.s. du al.) simplement .
ADDRESS (number and street	et) 530 E McDowell Rd		
	107-411		
(Check if address is changed)	Phoenix CITY	AZ 85004 STATE ZIP CODE	
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-mail a	address)	
(Check if address is changed)	deedra@deedra2018.com; de	edra.abboud@gmail.com	
COMMITTEE'S WEB PAGE	ADDRESS (URL)		
(Check if address is changed)	www.deedra2018.com		
2. DATE 08/01/	2018		
3. FEC IDENTIFICATION N	NUMBER C C00637454		
4. IS THIS STATEMENT	□NEW(N) OR ☑	AMENDED (A)	
I certify that I have examined	this Statement and to the best of my kn	owledge and belief it is true, correct ar	nd complete.
Type or Print Name of Treasu	urer Binnion, Marlene, , ,		
Signature of Treasurer	Madene Buma	Date 5	8-20-18
NOTE: Submission of false,	erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SHOULD	It the person signing this Statement to the pena BE REPORTED WITHIN 10 DAYS.	Ities of 2 U.S.C 437g.
Office Use Only	Federal Toll-free	her information contact: Election Commission e 800-424-9530	FEC FORM 1 (Revised 06/2012)

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5.	TYP	E OF COMM	ITTEE		,	•			
	Candidate 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. (Complete the candidate information below.)								
								candidate	
	Name of Candidate Abboud, Deedra, , ,								
	Party Amiliation Dew		Office Sought	I House L/ISenato I Drocidont			•••		
	(c)	This co	emmittee supports/oppo	ses only o	one candidate,	and is NOT an	authorized cor	mmittee.	
	Name of Candidate								
	Part	y Committee	<b>2:</b>			* (	······································		
	(d)	This com	mittee is a		(National, State or subordinate) committee of the			(Democratic, Republican, etc.) Party.	
	Poli	tical Action (	Committee (PAC):						
	(e)	This com	mittee is a separate seg	gregated f	und. (Identify c	onnected organ	ization on line	6.) Its connected o	organization is a:
		_	: Corporation		Corporation w/o Capital Stock		Labor Organizatio	abor Organization	
		N	Membership Organizati	on			]Cooperative		
			In addition, this comn	nittee is a	Lobbyist/Regis	trant 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)								and 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 Fundraisin	g Representative:						
	(g)	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.							
	(h)								
		Committee	es Participating in Joint	Fundraise	er				
		1.					FEC ID N	umber c	
		2					FEC ID N	umber c	
	3.						FEC ID N	umber, c	
4.					FEC ID Number C				

STATE

(602) 696-5100

Telephone Number

ZIP CODE

CITY

Title or Position

Treasurer

Name of , ,		, ·	
gnated ——— nt	, ,		
ling Address			
			,
_	CITY.	STATE	ZIP CODE
e or Position			
, ,		Telephone Number	
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## United States Senate

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PHONE(202) 224-0322

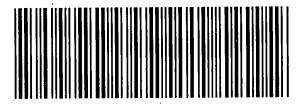
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