FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ciscomani for Congress PO Box 35103 ADDRESS (number and street) (Check if address is changed) Tucson 85740-5103 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@juanciscomani.com is changed) Optional Second E-Mail Address ashley@incomplianceaz.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.juanciscomani.com/ (Check if address is changed) DATE 2024 C00786194 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Ragan, Ashley,, Date 06 20 2024 Signature of Treasurer Ragan, Ashley, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	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 information below.)	: candidate
	Name of Ciscomani, Juan, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State AZ District 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperat	tive
	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 committee. (i.e., nonconnected committee)	I 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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

ı	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
_	Ciscomani for C		
6.	-	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	NRCC Arizona Victo	у 	
	Mailing Address	228 S Washington St	
		Ste 115	
		Alexandria	22314-5404
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represen	tative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the perso	on in possession of committee
	Ragan, As	nley, , ,	
	Full Name		
	Mailing Address	,2211 E Highland Ave	
		Ste 210	
		Phoenix AZ	85016-4834
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	602 451 - 4292
8.	any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
	Full Name Ragan, As of Treasurer	nley, , ,	
	Mailing Address	2211 E Highland Ave	
	5	Ste 210	
		Phoenix AZ	85016-4834
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5	
	Treasurer	Telephone number	602 - 451 - 4292

FEC F	Form 1 (Revise	ed 02/2009)		Page 4
Full Name Designated Agent Mailing Ad	d Ragar	2211 E Highland Ave Ste 210 Phoenix	AZ	85016-4834 -
Title or Po	osition ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Designate	ed Agent		Telephone number 60	2 451 - 4292
		tories: List all banks or other depositories in maintains funds.	which the committee deposits fu	nds, holds accounts, rents
Name of E	Bank, Deposito	ry, etc.		
Mailing Ad		n Bridge Bank		
		McLean	VA I	22101
		CITY A	STATE ▲	ZIP CODE ▲
Name of E	Bank, Deposito	ry, etc.		
	Class	sic City Bank		
Mailing Ad	dress	2365 West Broad Street		
		Athens	GA	30606
		CITY ▲	STATE ▲	ZIP CODE ▲

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

Page ___ **of** ____

h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Ciscomani Victory F	und 		
Mailing Address	P.o. Box 35103		
	Tucson	AZ	85740-5103
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
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esignated Agent: Ident	fy by name, address (phone number – optional)		Ative Leadership PAC Sp
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Pories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Protect The House 2	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Trottest The House 2			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. CE Bank 2701 East Camelback Road	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Hispanic Leadership	I Organization, Affiliated Committee, Joint Fun Trust Partnership	draising Representative	e, or Leadership PAC Spon
Mailing Address	1005 Congress Ave		
	Ste 400		
	Austin		78701-2469
Deletienskin	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee	STATE A Telephone Number	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spon
Pfriends Of Pfluger			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	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 ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
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1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representativ	re, or Leadership PAC Spons
Scalise Leadership F	und 2024		
Mailing Address	320 1st St SE		
	Washington	, DC	20003-1838
Relationship:	CITY A	STATE A	ZIP CODE ▲
i ioiatioriip.			_
Connected	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Represent	tative Leadership PAC Spo
Connected		t Fundraising Represent	tative Leadership PAC Spo
Connecter Designated Agent: Identify		t Fundraising Represent	tative Leadership PAC Spo
Connected Designated Agent: Identify Full Name		t Fundraising Represent	tative Leadership PAC Spo
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Connected Designated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		
Connected Designated Agent: Identify Full Name	y by name, address (phone number – optional) CITY	STATE A	Leadership PAC Spo

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

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(h). Joint Fundraisi	ng Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	C
4		FEC	ID number	С
-	l Organization, Affiliated Committee,	Joint Fundraising R	epresentativ	e, or Leadership PAC Spons
American Battlegrou	Ind Fund			
Mailing Address	PO Box 30844			
	Bethesda	1	MD	20824-0844
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee	_	ng Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		ng Represent	ative Leadership PAC Spo
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Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		ng Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee fy by name, address (phone number -			
Connecte Designated Agent: Identi Full Name	Affiliated Committee fy by name, address (phone number -		Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee fy by name, address (phone number -		STATE A	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee fy by name, address (phone number -	- optional) Telephone	STATE A Number	ZIP CODE A ts funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee fy by name, address (phone number -	Telephone ies in which the comm	STATE A Number	ZIP CODE A ts funds, holds accounts, rents

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

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h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		,	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Emmer Majority Buil	ders 		
Mailing Address	824 S. Milledge Ave. Ste. 101		
	Athens	GA L	30606-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representat	ve, or Leadership PAC Spon
Grow The Majority			
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE A	XIP CODE ▲
	Affiliated Committee Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sp
			ntative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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esignated Agent: Identi	by by name, address (phone number – option		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – option	nal)	
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	CITY A pries: List all banks or other depositories in aintains funds.	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in aintains funds.	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in aintains funds.	Telephone Number	ZIP CODE A

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1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected (Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
Scott Franklin Wingma	an Fund		
Mailing Address	P.o. Box 2811	1 1 1 1 1 1 1	
	Lakeland	, , FL ,	33806-2811
Relationship:	CITY ▲	STATE A	ZIP CODE A
riolationomp.	OH A	SIAIL	
	Organization Affiliated Committee X Joby name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spor
		int Fundraising Representa	Leadership PAC Spor
Designated Agent: Identify		int Fundraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name		int Fundraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name		int Fundraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name	by name, address (phone number – optional)		

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1				FEC I	D number	С	
2				FEC I	D number	С	
3				FEC I	D number	С	
4				FEC I	D number	С	
Name of	Any Connected	Organization, A	ffiliated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC	Spons
Jklc V	/ictory Fund						
Ма	iling Address	502 6th St					
		Hudson			L WI ⊥	54016-1783	
			CITY A		STATE A	ZIP COD	E 🛦
		d Organization y by name, addre		Soint Fundraisin		ative Leadership	
	Connected ted Agent: Identify		Affiliated Committee			ative Leadership	
e signat Full N	Connected ted Agent: Identify		Affiliated Committee			ative Leadership	
Designat Full N	Connected ted Agent: Identify		Affiliated Committee			ative Leadership	
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Pesignat Full N Mailir	Connected ted Agent: Identify	y by name, addre	Affiliated Committee			ative Leadership Leadership	PAC Spe