Only

STATEMENT OF

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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. Mike Boyd for Congress 5425 E. Broadway ADDRESS (number and street) #238 (Check if address is changed) Tucson 85711 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@votemikeboyd.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.votemikeboyd.com (Check if address is changed) DATE 2020 C00738328 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. Brown, Christine, , , Type or Print Name of Treasurer Brown, Christine,,, [Electronically Filed] 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

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Name Cand	e of lidate	Boyd, Mike, , ,	
	lidate Affiliatio	on REP Office Sought: X House Senate President	State AZ District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(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 co	nnected 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 s 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(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.	wo 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 N	lame	
Mike Boyd for	r Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Brown Full Name	n, Christine, , ,	
Mailing Address	740 S. Mill Ave	
Walling Address	Suite 200	
	Tempe AZ 85	5281
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 480	_ 303 _ 7175
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and t g., assistant treasurer).	the name and address of
Full Name Brown of Treasurer	, Christine, , ,	
Mailing Address	740 S. Mill Ave	
	Suite 200	
	Tempe AZ85	5281
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 480	- 303 - 7175

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Full Name of Designated Agent		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.	olds accounts, rents
Name of Bank,		
Name of Bank,	Depository, etc. Bank of America 1699 S. Mill Ave	
	Depository, etc. Bank of America 1699 S. Mill Ave	
Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave	
Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave Suite 101 Tempe AZ 85287	ZIP CODE
Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave Suite 101 Tempe AZ 85287	
Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave Suite 101 Tempe AZ 85287	ZIP CODE
Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave Suite 101 Tempe AZ 85287 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave Suite 101 Tempe AZ 85287 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 699 S. Mill Ave Suite 101 Tempe AZ 85287 CITY STATE Depository, etc.	ZIP CODE