FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR -7 AM 9: 04

FEC MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if r		If typing, type lines.	12FE4M5	
[P,A,U,L,A, A,B,O,U,]	for C	ONGRESS			<u> </u>
	<u></u>				<u> </u>
ADDRESS (number and street)	11341 E	6, R, E, E, N, L	EE RD.		
(Check if address is changed)	Tucson	,		AZI Z	5.7.1.9
		CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide o	nly one e-mail address	s)		
(Check if address	Lpa bouid	a) msn-com			<u> </u>
is changed)		<u> </u>			<u> </u>
COMMITTÉE'S WEB PAGE ADD	DRESS (URL.)				
(Check if address is changed).	1 201 à	ivilia for E	LICIZONA PINGIFES	S.O.M	
3. FEC IDENTIFICATION NU	IMBER	.C	••••••••••••••••••••••••••••••••••••••	v en	$\mathcal{A}_{\mathcal{A}}(t) = \theta_{\mathcal{A}}$
4. IS THIS STATEMENT	NEW (N)	OR (AMENDED (A)		
I certify that I have examined the			ledge and belief it	is true, correct a	nd complete.
Type or Print Name of Treasurer				HRAHIIBWASMAKiqordoquaga alli liitoo ha	- that demolated to the state of the state o
Signature of Treasurer	Soffrey	s. dobb		Date 03	02 2012
NOTE: Submission of false, errone		formation may subject t			ne penalties of 2 U.S.C. §437g
Office Use Only		Fede Toll 1	further information co ral Election Commissio Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	Fage 2
	COMMITTEE
	te Committee:
(a) X	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.)
Name of Candidate	PANICA: A. ABOUD
Candidate Party Affili	ation DEM Office Senate President District 2
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d) :	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Action Committee (PAC):
(e)	
	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 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.)
Joint Fu	ndraising 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)	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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4	

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Write or Type Committee	_	
PAULA ABO	i) for Congress	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Re	presentative, or Leadership PAC Sponsor
1		
		
Mailing Address		
Mailing Address		_
•		
	OTT	OTATE ZID CODE
	CITY	STATE ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraisi	ng Representative Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and po	sition of the person in possession of committee
Full Name	IJCLA ABOUD	
Mailing Address	[1.3.4.1. E GREENLEE RD	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Tiucison	14,2 [8,5,7,1,9]-L
Title or Position	CITY	STATE ZIP CODE
(C, A, W, D, L, D, A,	Telephone r	umber [5,20]-[3,2,3]-[7,2,64
	ne and address (phone number optional) of the treasurer of e.g., assistant treasurer).	he committee; and the name and address of
Full Name of Treasurer	PARTY S. DOBBINS	<u> </u>
Mailing Address	2866 E Sylvia St	
	·	<u></u>
	Tucson	A2 857/6-21/5
	CITY	STATE ZIP CODE
Title or Position	<u>er</u> Telephone r	umber 520-465-31.12

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Full Name of Designated Agent	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	!!!!!!!!	
•	Considerate describeration and an and an anti-construent homotoperate and an advantage of considerate a describe	anne a tha ann an Aonaid ann an t-Ionnaigeadh ann ann aite ann an t-Ionn	
Mailing Address		<u> </u>	
		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position		,	
	Telepi	none number	<u> </u>
Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the oxes or maintains funds.	committee deposits	funds, holds accounts, rents
Name of Bank,	Depository, etc.		
	NATIONAL BANK OF ARIZ	CONALLI	
Mailing Address	BLOIL N CAMPIBELL	AVELLL	
			<u> </u>
	TUCSPN	1/2	18,5,7,1,9]-
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
	1		
		<u> </u>	
Mailing Address			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMMISSION The FEC added this page to the end of this filing to in	OMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 3/2/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next E	Business Day Delivery
Received from House Records & Registration Office	Date of Receipt ee
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	te of Receipt or Postmarked
h	3/7/12
PREPÁRER	DATE PREPARED

(3/2005)