PAGE 1 / 4 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. SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRPPIC) PO BOX 52025 ISB336 ADDRESS (number and street) (Check if address is changed) **PHOENIX** 85072 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PICTreasurer@srpnet.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) srpnet.com (Check if address is changed) DATE 2019 C00048579 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. Schaefer, Heidi Rowe, , , Type or Print Name of Treasurer Schaefer, Heidi Rowe, , , [Electronically Filed] 12 10 2019 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

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		OMMITTEE	raye z			
Can	didate	ate 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.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)						
Name Cand	e of didate					
Par	ty Con	Committee:				
(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 con-	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 segregated fund or par 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.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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.	wo or more political			
	Com	Committees 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 Name							
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRPPIC)							
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor						
SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SR	PPIC)						
PO BOX 52025 ISB336							
Mailing Address Mailing Address							
PHOENIX AZ 85072							
CITY STATE ZIF	CODE						
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor						
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	sion of committee						
Rodriguez, Tabby, , ,	1						
Full Name PO Box 52025							
Mailing Address							
Phoenix AZ 85072							
Title or Position CITY STATE ZIP	CODE						
Assistant Treasurer Telephone number 602 - 236							
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name Schaefer, Heidi Rowe, , , of Treasurer							
Mailing Address P O Box 52025							
Phoenix AZ 85072-2025							
CITY STATE ZIP Title or Position	CODE						
Treasurer 602 236							

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Full Name of Designated Ro	odriguez, Tabby, , ,						
Mailing Address	PO BOX 52025						
	Phoenix CITY	AZ 8: STATE	5072 				
Title or Position Assistant Treasurer		phone number 602	_ 236 2070				
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
	.merica First FCU 1511 N PROJECT DRIVE						
Mailing Address	ISTIN PROJECT DRIVE						
	TEMPE	AZ 85	5281				
	CITY	STATE	ZIP CODE				
Name of Bank, Dep	ository, etc.						
L							
Mailing Address							
	CITY	STATE	ZIP CODE				