Only

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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. Take Back Arizona PAC 2211 East Highland Avenue ADDRESS (number and street) (Check if address Suite 210 is changed) Phoenix 85016 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ashley@incomplianceaz.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 12 08 2022 C00798405 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. Ragan, Ashley, , , Type or Print Name of Treasurer Ragan, Ashley, , , [Electronically Filed] 12 80 2022 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Co	mplete the candidate information below.)
(b) This committee is an authorized committee, and is NO information below.)	T a principal campaign committee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House	See Senate President District
(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) or	(Democratic, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a
Corporation	ation w/o Capital Stock Labor Organization
Membership Organization Trade A	Association Cooperative
In addition, this committee is a Lobbyist/Regi	strant PAC.
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	ral candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regi	strant PAC.
In addition, this committee is a Leadership P	AC. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only pol	itical committee (Super PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
(h) This committee is a political committee with both contr	bution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising committees/organizations, at least one of which is an a	expenses and disburses net proceeds for two or more political authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising committees/organizations, none of which is an authorize	expenses and disburses net proceeds for two or more political ed committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1. [C
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	FEC Form 1	1 (Revised 02/2009)	Page 3
W	/rite or Type Comm	mittee Name	
	Take Ba	ack Arizona PAC	
6.	Name of Any Co	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea RI AKF	adership PAC Sponsor
	Mailing Address	PO BOX 13009	
		TUCSON AZ 85	732
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization	★ Leadership PAC Sponsor
	riciationionip.	7 milliated organization of the representative	Leadership 17/6 opensor
/ .	books and record	ecords: Identify by name, address (phone number optional) and position of the person in poseds.	session of committee
		Ragan, Ashley, , ,	
	Full Name		
	Mailing Address	2211 East Highalnd	
	-	Suite 210	
		Phoenix AZ 85	016
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		451 4292
	Treasure!	Telephone number	
3.	Treasurer: List th	the name and address (phone number optional) of the treasurer of the committee; and the	ne name and address of
		agent (e.g., assistant treasurer).	
	Full Name	Ragan, Ashley, , ,	1
	of Treasurer		
	Mailing Address	2211 East Highalnd	
		Suite 210	
		Phoenix AZ 85	016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	- 451 - 4292

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Full Name of Designated Agent		
Mailing Addres	s	
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number]
	er Depositories: List all banks or other depositories in which the committee deposits funds boxes or maintains funds.	, holds accounts, rents
Name of Bank,	Depository, etc.	
	Alliance Bank	
Mailing Address	2701 East Camelback Road	
	Phoenix AZ 8	5016
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.	
Mailing Address	S	
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi r	.g		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundi	raising Representativ	e, or Leadership PAC Spon
MASTERS VICTO	ORY COMMITTEE		
Mailing Address	228 S WASHINGTON ST		
Mailing Address	STE 115		
	ALEXANDRIA	, , VA ,	22314
Relationship:			
neialionsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	x Connected	Organization Affiliated Committee Join	Fundraising Representa	Leadership PAC Sponsor
3.		by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		▼ CITY ▲		
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A Ties: List all banks or other depositories in which	STATE ▲	ZIP CODE A
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	CITY A Ties: List all banks or other depositories in which	STATE ▲	ZIP CODE A
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A Ties: List all banks or other depositories in which	STATE ▲	ZIP CODE A
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	CITY A Ties: List all banks or other depositories in which	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisii	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundance	draising Representativ	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
3 · · · · · · · · · · · · · · · · · · ·	138 CONANT ST, STE 201		
	BEVERLY	MA MA	01915
Data Carata	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint		
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Joint		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	d Organization Affiliated Committee Joint	STATE A Telephone Number	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites Safety deposit boxes or make the composition of Bank, Depository, etc.	d Organization Affiliated Committee Joint	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address	2		FEC ID number	C
Mailing Address C/O RED CURVE SOLUTIONS 138 CONANT ST, STE 201 BEVERLY Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	4		FEC ID number	C
Mailing Address C/O RED CURVE SOLUTIONS 138 CONANT ST, STE 201 BEVERLY Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	=	_	raising Representative	e, or Leadership PAC Spons
Malling Address 138 CONANT ST, STE 201	HELET BETTE OF			
Malling Address 138 CONANT ST, STE 201				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Ganks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Mailing Address			
Connected Organization		BEVERLY	MA MA	01915
Pesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Stanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renarety deposit boxes or maintains funds.	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds. ame of Bank, epository, etc.			t Fundraising Representa	Leadership PAC Sp
TITLE OR POSITION CITY Telephone Number	esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
TITLE OR POSITION CITY Telephone Number	esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
Telephone Number	esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identif	y by name, address (phone number – optional)		
afety deposit boxes or maintains funds. lame of Bank, pepository, etc.	resignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)		
	Pesignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY	STATE A	
	Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or mail after the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or mail after the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A