Only

PAGE 1 / 8 •

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN PARTY OF ARIZONA, LLC 7430 E Butherus Dr ADDRESS (number and street) Suite A (Check if address is changed) Scottsdale 85260 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address RGOULD@AZGOP.COM is changed) Optional Second E-Mail Address AZGOP@CAMPAIGNFINANCIAL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00008227 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. Type or Print Name of Treasurer GOULD, RONALD, , GOULD, RONALD, , , 11 14 2025 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. (Complete the candidate information below.)	
(b) This committee is an authorized committee information below.)	tee, and is NOT a principal campaign committee. (Complete the	e candidate
Name of Candidate		
Candidate Office Party Affiliation Sought:	House Senate President	State District
(c) This committee supports/opposes only o	one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) > This committee is a STA .	lational, State (Democratic, subordinate) committee of the REP Republican,	•
Political Action Committee (PAC):		
(e) This committee is a separate segregated	d 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	a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more committee. (i.e., nonconnected committee	than one Federal candidate, and is NOT a separate segregated	fund or party
In addition, this committee is a	a Lobbyist/Registrant PAC.	
In addition, this committee is a	a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent exper	nditure-only political committee (Super PAC).	
In addition, this committee is a	a Lobbyist/Registrant PAC.	
(h) This committee is a political committee v	with both contribution and non-contribution accounts (Hybrid PA	.C).
In addition, this committee is a	a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:		
(1)	ays fundraising expenses and disburses net proceeds for two or of which is an authorized committee of a federal candidate.	r more political
(1)	ays fundraising expenses and disburses net proceeds for two or is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser		
1.	C	
I control of the cont	( `	

Treasurer

W	FEC Form 1 (Revised ( Vrite or Type Committee Name	·	Page 3
		PARTY OF ARIZONA, LLC	
6.		Prganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	CISCOMANI VICTO		
	Mailing Address	P.O. BOX 35103	
		TUCSON	85740
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representativ	_
	neiationship.	Allillated Organization 5 John Fundaising Representative	e Leadership FAC Spons
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in	possession of committee
	CFS, Com	pliance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		Bethesda	20824
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Record	30° Telephone number	1  -   654  -   3220
		iologinorio namboli	
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; as assistant treasurer).	nd the name and address of
	Full Name GOULD. F	RONALD, , ,	
	of Treasurer		
	Mailing Address	3033 N Central Ave	
		Suite 300	
		Phoenix AZ	85012
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

**230** 

9117

928

Telephone number

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Mailing Address	Swoboda, Gina, , ,  3033 N Central Ave  Suite 300  Phoenix  CITY	AZ AZ	85012 ZIP CODE <b>A</b>
Title or Position		STATE ▲	ZIP CODE A
Chairwoman	Telephone	number	
	<b>Depositories:</b> List all banks or other depositories in which the comn xes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, [	Depository, etc.		
Mailing Address	WELLS FARGO  2626 S 83RD AVE	AZ	95042
	PHOENIX	L AZ	85043
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Page \_\_\_ **of** 8\_\_\_

(h). <b>Joint Fundraisi</b>	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
INRSC VICTORY			
Mailing Address	228 S WASHINGTON ST		
Ç	STE 115		
	ALEXANDRIA	, , , , VA ,	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Spo
	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Identi			ative Leadership PAC Spo
Pesignated Agent: Identi			ative Leadership PAC Spo
Pesignated Agent: Identi			ative Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional		
Pesignated Agent: Idention Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of the position of	fy by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** 8\_\_\_

1						
2			FEC ID	number	C	_
			FEC ID	number	C	Ξ
3			FEC ID	number	C	Ξ
4.			FEC ID	number	С	Ξ
Name of Any Connec	cted Organization	n, Affiliated Committee, Joint	Fundraising Repr	resentative	e, or Leadership PAC Spo	ons
GROW THE MAJ	JORITY					
Mailing Address	228 S WA	SHINGTON ST STE 115				
	ALEXAND	ORIA		_ VA _ ⊥	22314	
Date:		CITY ▲		STATE ▲	ZIP CODE A	
	nected Organization		Joint Fundraising	Representa	Leadership PAC	
Conn		Affiliated Committee		Representa	Leadership PAC	
Conn		Affiliated Committee		Representa	Leadership PAC	
Connuesignated Agent: Ide		Affiliated Committee		Representa	Leadership PAC	
esignated Agent: Id		Affiliated Committee	nal)			
Connuesignated Agent: Ide	lentify by name, ad	Affiliated Committee	nal)	Representa	Leadership PAC  ZIP CODE	

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

Paga	of <sup>8</sup>	
Page	01	

h). Joint Fundrais	ing rantcipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TRUMP 47 COMMI	TTEE		
Mailing Address	P.O. BOX 509		
	ARLINGTON	VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint Joi	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Position of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE  ZIP CODE  ss funds, holds accounts, rents

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

Page	of <sup>8</sup>	
i aye	OI.	

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e or Leadershin PAC Snon
KARI LAKE VICTOF			
Mailing Address	PO BOX 34341		
	PHOENIX	AZ L	85067
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J  fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or manage of Bank, repository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE A  ts funds, holds accounts, rent