

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Burton For Congress

P. T. Burton

ADDRESS (number and street) 1535 N. Scottsdale Road  
Unit 1009  
(Check if address is changed)  
Tempe AZ 85281 1009  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
(Check if address is changed) pt@burton4Congress.online  
Optional Second E-Mail Address  
dawn\_frix@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
(Check if address is changed) www.Burton4Congress.online

2. DATE 02 07 2020

3. FEC IDENTIFICATION NUMBER C

4. 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 Dawn M Frix

Signature of Treasurer *dawn m frix* Date 02 07 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30105. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

5. 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, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **P.T. Burton**

Candidate Party Affiliation **REP.** Office Sought: House  Senate  President  State **AZ** District **09**

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate **P.T. Burton**

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, 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  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 Fundraising 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.

**Committees Participating in Joint Fundraiser**

- 1. \_\_\_\_\_ FEC ID number **C**
- 2. \_\_\_\_\_ FEC ID number **C**
- 3. \_\_\_\_\_ FEC ID number **C**
- 4. \_\_\_\_\_ FEC ID number **C**

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

	CITY	STATE	ZIP CODE	
Relationship:	Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name **Dawn M. Frix**

Mailing Address **1535 N. Scottsdale Road**  
**Unit 1009**  
**Tempe** **AZ** **85281** **1009**

Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	<b>480 251 1906</b>

8. 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 of Treasurer **Dawn M. Frix**

Mailing Address **1535 N. Scottsdale Road**  
**Unit 1009**  
**Tempe** **AZ** **85281** **1009**

Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	<b>480 251 1906D</b>

Full Name of Designated Agent Dawn M. Frix

Mailing Address 1535 N. Scottsdale Road

Unit 1009

Tempe

AZ

85281

1009

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

480

251

1906

3. 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.

Wells Fargo

Mailing Address 64 E. Broadway Road

Tempe

AZ

85282

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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5(g) or (h). Joint Fundraising Participant:

- 1. FEC ID number C
- 2. FEC ID number C
- 3. FEC ID number C
- 4. FEC ID number C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

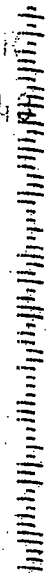
BURTON FOR CONGRESS  
% Dawn Frix, Treasurer  
1535 N. Scottsdale Rd. (Unit 1009)  
Tempe, Arizona 85281

15 FEB 2000 PH31

Federal Election Commission  
1050 First St., N.E.  
Washington, D.C. 20002

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JM	2/20/20
PREPARER	DATE PREPARED

NOV 01 10 00 AM '20