| Image# 201703249051887410                                  |  |  |                        | PAGE 1 / 4                      |
|--|--|--|------------------------|---------------------------------|
| FEC<br>FORM 1  | STATEMEI<br>ORGANIZ  | _  |                        |                                 |
| 1. NAME OF   | (Check if name   | Example: If typing, type   |                        | ce Use Only                     |
| COMMITTEE (in full)  | is changed)  | over the lines.  | 12FE4M5                |                                 |
| Judith McHale F  | For Congress   |  |                        |                                 |
|  |  |  |                        |                                 |
|  | 9286 West Irma Lane  |  |                        |                                 |
| ADDRESS (number and street)                                |  |  |                        |                                 |
| <ul> <li>(Check if address<br/>is changed)</li> </ul>      |  |  |                        |                                 |
|  | Peoria   |  | AZ 85382               | 2                               |
|  | CITY A   |  | STATE A                | ZIP CODE A                      |
| COMMITTEE'S E-MAIL ADDI                                    | RESS   |  |                        |                                 |
| (Check if address is changed)                              | judith@judithmchale.co                                       | om   |                        |                                 |
|  | Optional Second E-Mail Ad                                    | dress<br>@amail.com  |                        |                                 |
|  |  | 9  |                        |                                 |
| COMMITTEE'S WEB PAGE A<br>(Check if address<br>is changed) |  |  |                        |                                 |
| 2. DATE 03   | 24 <sup>Y</sup> Y Y Y Y<br>2017                              |  |                        |                                 |
| 3. FEC IDENTIFICATION                                      | NUMBER ► C C   | 00635730   |                        |                                 |
| I. IS THIS STATEMENT                                       | × NEW (N) OR   | AMENDED (A)  |                        |                                 |
|  | this Otatemant and to the least                              | of much source and ball of it  | :                      |                                 |
| cerury mat i nave examined                                 | this Statement and to the best                               | or my knowledge and belief it  | is line, correct and c | complete.                       |
| ype or Print Name of Treasu                                | Irer McManus, Ellen, , ,                                     |  |                        |                                 |
| Signature of Treasurer                                     | Manus, Ellen, , ,  | [Electronically Filed]   | Date 03                | 24 / Y Y Y Y<br>2017            |
| NOTE: Submission of false, erro                            | oneous, or incomplete information<br>ANY CHANGE IN INFORMATI | may subject the person signing t<br>ON SHOULD BE REPORTED W  |                        | enalties of 2 U.S.C. §437g.     |
| Office<br>Use<br>Only                                      |  | For further information cc<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 | on <b>r</b>            | FEC FORM 1<br>(Revised 06/2012) |

03/24/2017 16 : 14

| -            |   |   | _                      |  |
|--------------|---|---|------------------------|--|
| F            | FEC Fo  | rm 1 (Revised 02/2009)  | Page <b>2</b>          |  |
|              |   | OMMITTEE  |                        |  |
|              | didate<br>×   | 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. (Comp<br>information below.)  | plete the candidate    |  |
| Name<br>Cand | e of<br>lidate  | McHale, Judith, Keenan, ,   |                        |  |
| Cand         |   | DEM Office<br>Sought: <b>X</b> House Senate President   | State                  |  |
| Party        | <ul> <li>Affiliati</li> </ul>   | on DEM Sought: X House Senate President   | District 08            |  |
| (C)          |   | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                        |  |
| Name         |   |   |                        |  |
| Cand         | lidate  |   |                        |  |
| Part         | ty Con  | (National, State  | Democratic,            |  |
| (d)          |   |   | Republican, etc.) Part |  |
| Poli         | tical A   | ction Committee (PAC):  |                        |  |
| (e)          |   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr   | nected organization is |  |
|              |   | 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 second   | gregated fund or part  |  |
|              |   | In addition, this committee is a Lobbyist/Registrant PAC.   |                        |  |
|              |   | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                        |  |
|              |   |   |                        |  |
| Join         | t Func  | raising Representative:   |                        |  |
| (g)          |   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political    |  |
| (h)          |   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.        | o or more political    |  |
|              | Com   | mittees Participating in Joint Fundraiser   |                        |  |
|              | 1.  |   |                        |  |
|              |   |   |                        |  |
|              | 2.  | FEC ID number   |                        |  |
|              | 3.  | FEC ID number   |                        |  |
|              | 4.  |   |                        |  |
|              |   |   |                        |  |

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Write or Type Committee Name

## Judith McHale For Congress

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

| Ņ  |  |                                       |  |        |
|----|--|---------------------------------------|--|--------|
| L  |  |                                       |  |        |
|    |  |                                       |  |        |
|    | Mailing Address  |                                       |  |        |
|    |  |                                       |  |        |
|    |  |                                       |  | .      |
|    |  | CITY                                  | STATE ZIP CODE   |        |
|    | Relationship: Connected                                    | Organization Affiliated Committee     | Joint Fundraising Representative Leadership PAC Spo      | onsor  |
| 7. | Custodian of Records: Identi<br>books and records.         | ify by name, address (phone number op | tional) and position of the person in possession of comm | nittee |
|    | McManus,   | Ellen, , ,                            |  | . 1    |
|    | Mailing Address  | P.O. Box 44843                        |  |        |
|    |  |                                       |  |        |
|    |  | Phoenix                               |  |        |
|    | Title or Position  | CITY                                  | STATE ZIP CODE   |        |
|    |  |                                       | Telephone number   |        |
| 8. | Treasurer: List the name and any designated agent (e.g., a |                                       | e treasurer of the committee; and the name and address   | of     |
|    | Full Name McManus, I                                       | Ellen                                 |  |        |

| Full Name         | McManus, Ellen, , ,   |
|-------------------|---|
| of Treasurer      |   |
| Mailing Address   | P.O. Box 44843  |
|                   |   |
|                   | Phoenix         AZ         85064         - </th |
|                   | CITY STATE ZIP CODE   |
| Title or Position |   |
|                   | Telephone number  |

| Full Name of<br>Designated<br>Agent | McHale, Judith, Keenan, ,  |
|-------------------------------------|--|
| Mailing Address                     | P.O. Box 44843   |
|                                     |  |
|                                     | Phoenix         AZ         85382           -         -         - |
|                                     | CITY STATE ZIP CODE  |
| Title or Position                   |  |
|                                     | 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.

| L A               | Alliance Bank of Arizona  |       |          |
|-------------------|---------------------------|-------|----------|
| Mailing Address   | 2901 North Central Avenue |       |          |
|                   | Suite 100                 |       |          |
|                   | Phoenix                   | AZ    | 85012    |
|                   | CITY                      | STATE | ZIP CODE |
| Name of Bank, Dep | pository, etc.            |       |          |
| L                 |                           |       |          |
| Mailing Address   |                           |       |          |
|                   |                           |       |          |
|                   |                           |       |          |
|                   | CITY                      | STATE | ZIP CODE |