FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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				. 7017 S開車 V系 ONM 8:27			
	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MFEC MAIL CENTER			
	COPPER STA	TE VICTORY	FUND				
	ADDRESS (number and street)	5,21,2, E, LA	RKSPUR DRI	(VE			
,	(Check if address is changed)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
4		15,C,O,T,T,S,D,A,L	<u>E </u>	A.Z 8.5.25.4 -			
¢≎ MJ		CITY▲		STATE ▲ ZIP CODE ▲			
	COMMITTEE'S E-MAIL ADDR	ESS					
(C)	(Check if address is changed)	w.b.p.o.w.l.e.y.e	coxinet				
() ()		Optional Second E-Mail Add	dress	: ,			
	COMMITTEE'S WEB PAGE ADDRESS (URL)						
	(Check if address is changed)						
		1					
	2. DATE 09 0	8 2012					
	3. FEC IDENTIFICATION 1	NUMBER ► C	ر در				
	4 IO THE STATEMENT	Y NEW AN OR	ANACHIDED (A)				
	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 Treasur	er W. BRIA	N POWLEY				
	Signature of Treasurer	WBE	July	Date 09 08 2012			
	NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.			
	Office Use Only		For further information Federal Election Commis , Toll Free 800-424-9530 Local 202-694-1100				

ommittee: is committee is a principal campaign committee. (Complete the candidate information below.) is committee is an authorized committee, and is NOT a principal campaign committee. (Compormation below.) Office Sought: House Senate President	•
is committee is a principal campaign committee. (Complete the candidate information below.) is committee is an authorized committee, and is NOT a principal campaign committee. (Comormation below.) Office	plete the candidate
is committee is an authorized committee, and is NOT a principal campaign committee. (Comormation below.) Office	plete the candidate
Office	
Office	
	State
	State
	State
Sought. Flouse Senate Fresident	
	District
ن. is committee supports/opposes only one candidate, and is NOT an authorized committee.	
is committee supports opposes only one canadate, and is 1101 an authorized committee.	_
itee:	
(National, State	(Democratic,
is committee is a or subordinate) committee of the	Republican, etc.) Party
n Committee (PAC):	
is committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
Corporation w/o Conital Stack	Lobor Organization
	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
	egregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
· · · · · · · · · · · · · · · · · · ·	
lng Representative:	
	vo or more political
s committee collects contributions, pays fundraising expenses and disburses net proceeds for tw nmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
it his	ittee: (National, State or subordinate) committee of the on Committee (PAC): his committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee Membership Organization In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC.

FEC Form 1 /Project		Pose 3
Write or Type Committee Nam COPPER STY		Page 3
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
-	Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the perso	
	LIAM BRIAN POWLEY 5212 E. LARKSPUR DR.	
Mailing Address	1	
	SCOTTS DALE AZ	852541-
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	J-L
Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name of Treasurer	me as above WILLIAM BRIAN) fowler
Mailing Address	5212 E. LARKSPUR DR.	
-		
	SCOTTSDALE AZ	85,25,41-1

CITY

Title or Position

Telephone number

STATE

480-220-5464

ZIP CODE

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Full Name of Designated Agent		1.1.1.1.1.1.1
Mailing Address	s <u> </u>	1.1111
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	·
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, I boxes or maintains funds. Depository, etc.	holds accounts, rents
safety deposit b	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038)	holds accounts, rents
safety deposit b	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038)	holds accounts, rents
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038)	holds accounts, rents
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038) S PROBOX 2908	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038) S POBOX 2908	
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038) POBOX 2908 PHORN/X AZ B	5 ₀ 6,21-[2,9]
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038) IPOBOX 2908 IPHOENIX CITY STATE	5 ₀ 6 ₂ 2 ₁ -[2 ₁ 9 ₁ 0
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. WELLS FARGO BANK, NA (038) S P.D.BOX 2908 P.HOEN/X CITY STATE	5 ₀ 6,21-[2,9]

CITY

STATE

ZIP CODE

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED