Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) PHOENIX FIRE FIGHTERS, LOCAL 493, FIRE PAC COMMITTEE 61 E COLUMBUS AVE, #200 ADDRESS (number and street) (Check if address is changed) **PHOENIX** 85012 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PDean@Local493.org (Check if address is changed) Optional Second E-Mail Address Darryl@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00134676 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. Dean, Paul, J., , Jr. Type or Print Name of Treasurer Dean, Paul, J., , Jr. [Electronically Filed] 01 15 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

_			_
FEC Form 1 (Revised (02/2009)		Page 3
Write or Type Committee Name			3
PHOENIX FIRE	FIGHTERS, LOCAL	. 493, FIRE PAC C	OMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative, or Lea	adership PAC Sponsor
Phoenix Firefighters Lo	ocal 493		
Mailing Address	61 E. Columbus		
	Phoenix	AZ 850)12
	CITY	STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number o	optional) and position of the person i	n possession of committee
Tattrie, Da	rryl, , ,		I
Mailing Address	61 E. Columbus		
Ü	1		
	Phoenix	AZ 850	012
Title or Position	CITY	STATE	ZIP CODE
Compliance Director		Telephone number 602	_
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the committee; and the	ne name and address of
Full Name Dean, Pau			
of Treasurer	61 E. Columbus		
Mailing Address			
	I		

CITY

STATE

Telephone number

602

ZIP CODE

9858

283

FEC FOR	m 1 (Daviced 0.2/2000)	Dogo A
	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		-
Mailing Address	Arizona Federal Credit Union 5515 N 19 Ave	
	Phoenix AZ 8	5008
		5008 ZIP CODE
Name of Bank, I	CITY STATE	
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE

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

(h). Joint Fundraisi	ng rantoipanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	I Organization, Affiliated Committee, Joint Fundra		
Mailing Address	1750 New York Ave NW		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
Connecte		Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
Connecte resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
resignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: 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)

Page _6_ **of** _10__

_				
5(g)	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	C
6.		Organization, Affiliated Committee, Joint Fundr		
	1			
	Mailing Address	6320 Manchester Ave.		
		Suite 42A		
		Kansas City	MO MO	64133
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.				
	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposi	s funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposi	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposi	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposi	s funds, holds accounts, rents

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

(h). Joint Fundrais i		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr GHTERS POLITICAL ACTION FUND, INTERNA		
Mailing Address	1907 FREEMAN STREET		
	HOUSTON		77009
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Represent	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Representation	Leadership PAC Sp
esignated Agent: Ident		Fundraising Representation	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: 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

h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	• .	e, or Leadership PAC Spon
Mailing Address	8000 NW 21 STREET		
J J	SUITE 222		
	ı MIAMI	ı ı FL ı	33122
Relationship:	CITY ▲	STATE A	ZIP CODE A
		nt Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Join by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	by by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Tories: 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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
MIAMI FIREPAC	-IAFF LOCAL 587		
Mailing Address	2980 N W SOUTH RIVER DRIVE		
	MIAMI	FL	33125
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number - optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice	Telephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais		FEC ID number	C
2.		FEC ID number	C
		FEC ID number	С
3.		FEC ID number	C
4.			
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
UNIFORMED FI	REFIGHTERS ASSOCIATION POLI	TICAL ACTION C	OMMITTEE (FIRE P
1			
Mailing Address	204-208 EAST 23RD STREET		
	NEW YORK	NY	10010
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee Joi	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		
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esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A