FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	· · · · ·	II WAINE														
		(See instruction		Office use only												
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Example: If typover the lines	oying, type	12FE4M5											
Arizona Medi	cal Association, I	nc Polical Actio	n Committee		1111											
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1 1 1 1 1											
ADDRESS (number and	d street)	W. Bethany Hom	ne Road													
(Check if add	dress															
is changed)	Phoe	enix 		ш	L ^{AZ} J [85013										
COMMITTEE'S E-MA	AU ADDRESS		CITY		STATE	ZIP CODE 📥										
cwagner@azi						1										
	111111111111111111111111111111111111111															
				ш — —												
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)														
				шш												
COMMITTEE'S FAX	NUMBER															
با لبنا																
2. DATE M	M / D D / Y	2006														
3. FEC IDENTIFIC	ATION NUMBER	[C C00004499													
4. IS THIS STATE	MENT X NEW	/ (N) OR	AME	ENDED (A)												
I certify that I have exar	nined this Statement and	to the best of my kno	wledge and belief it is	s true, correct and	d complete											
		Note Older														
Type or Print Name of	f Treasurer	Chic Older														
Signature of Treasure	er Electronically File	d by Chic Olde	r		Date 12	04 2006										
NOTE: Submission of	alse, erroneous, or incon	nplete information ma		-	·	_										
Office Use Only			Federal E Toll Free	er information c lection Commiss 800-424-9530 -694-1100		FEC FORM 1 (Revised 02/2003)										

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5.	TYPE OF COMMITTEE (Check One)	
	(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 information below.)	ne candidate
	Name of Candidate	
	Candidate Office House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated	(Democratic, Republican,etc.) Party.
	committee.	Trulia or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	<u> </u>	
	Mailing Address	
	CITY STATE A	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	Membership Organization Trade Association Cooperative	

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٧	Vrite or Type Committee Name			
		ciation, Inc Polical Action Committee		
7.	Custodian of Records: lo possession of Committe	dentify by name, address, (phone number e books and records.	optional), and position of th	ne person in
	Full Name Chic (Older		
	Mailing Address	810 W. Bethany Home Rd.		
		Phoenix	AZ	85013
	Title or Position ♥	CITY A	STATE	ZIP CODE A
			Telephone number	
8.	name and address of an Full Name of Treasurer Mailing Address	e and address (phone number optional) of y designated agent (e.g., assistant treasurer) Older 810 W. Bethany Home Rd.).	
		Phoenix	AZ_	85013
	Title or Position ♥	CITY A	STATE	ZIP CODE A
			Telephone number	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

Telephone number

	FEC Form	03)																												Pa	age	4		_				
9.	Banks or Other safety deposit box	xes or	main	tain		List Inds		ba	nks	or	oth	ner	de _l	oos	itor	ies	in	wh	ich	the	e co	mr	nitte	e c	lepo	osit	s fu	nds	s, h	olds	ac	col	ınts	s, re	nts			
	Name of Bank, Do	eposit	ory, e	etc.																																		
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	Mailing Address					Ш							L	L	1																							
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	CITY 🛆														SI	ΓΑΊ	Έź	4				z	IP (COI	ЭE	△	۷.											