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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jeff Flake for US Senate Inc. 2211 E Highland Avenue #210 ADDRESS (number and street) (Check if address is changed) Phoenix 85020 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ashleymragan@cox.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00347260 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. Ragan, Ashley, , , Type or Print Name of Treasurer Ragan, Ashley, , , [Electronically Filed] 07 13 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) Only

Toll Free 800-424-9530 Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|-----------------------|--|---|
| | | OMMITTEE | |
| Car | ndidate | Committee: | |
| (a) | Ш | 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. (Compinformation below.) | plete the candidate |
| | ne of didate | Flake, Jeff, , , | |
| | didate y Affiliati | Office Sought: House X Senate President | State |
| | | | District |
| (c) | Ш | 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 confidence of the control of the control of the confidence of the control of | 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) | П | This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the committee supports and the committee supports are calculated as a separate segment of the committee supports. | gregated 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.) | |
| Joir | 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. | | |

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|--|---|----------------------------|
| Write or Type Committee Na | me | |
| Jeff Flake for l | JS Senate Inc. | |
| | d Organization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | eted Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: lo books and records. | dentify by name, address (phone number optional) and position of the person | in possession of committee |
| | Ashley, , , | |
| Full Name | 2211 E Highland Avenue #210 | |
| Mailing Address | | |
| | Phoenix AZ 85 | 5016 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | |
| . Treasurer: List the name a any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee; and t ., assistant treasurer). | he name and address of |
| Full Name Ragan, A | Ashley, , , | |
| Mailing Address | 2211 E Highland Avenue #210 | |
| | | |
| | Phoenix AZ 85 | 016 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 602 | - 451 - 4292 |

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|---|---|---------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | | |
| | Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. Alliance Bank | |
| safety deposit bo | oxes or maintains funds. Depository, etc. | |
| safety deposit bo Name of Bank, [| Depository, etc. Alliance Bank PO Box 26237 | ZIP CODE |
| safety deposit bo Name of Bank, [| Depository, etc. Alliance Bank PO Box 26237 Las Vegas CITY STATE | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Alliance Bank PO Box 26237 Las Vegas CITY STATE Depository, etc. | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Alliance Bank PO Box 26237 Las Vegas CITY STATE | |
| safety deposit bo Name of Bank, I | Depository, etc. Alliance Bank PO Box 26237 Las Vegas CITY STATE Depository, etc. | |
| Safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Alliance Bank PO Box 26237 Las Vegas CITY STATE Depository, etc. | |
| Safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Alliance Bank PO Box 26237 Las Vegas CITY STATE Depository, etc. | |

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

This is an amended Statement of Organization to reflect the mailing address and email for the committee as we wind it down. Other Statement of Organizations were filed by paper to the Secretary of the Senate.

Form/Schedule: Transaction ID: