FEC

## STATEMENT OF **ORGANIZATION**

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FORM 1		<b>U</b> -1.U						20	LIMI	<i>L</i> /	ALL IO'
								Office	DISE ON	AIL (	CENTE
NAME OF COMMITTEE (in	full)	(Check is char	if name nged)		ple:If typing, ty he lines.	pe 1	2FE4M	5			
Leah for C	ongre	SS					<u> </u>	1 1 1	1_1		لب
		1111							1 1	1 1 1	لب
ADDRESS (number a	nd street)	POBox	1266				<del></del>				لب
(Check if ac is changed)		Mesa					Z	852	211	J-L_	 
				CITY		ST	ATE		ZIP C	ODE	
COMMITTEE'S E-MA	IL ADDRES	SS (Please provid	de only one e	-mail addı	ess)						
(Check if address is changed)		jake@l	eahfor	çong	ress.cor	$\mathfrak{p}_{\perp\perp\perp}$		للل			11
			111	1 1 1		1111	111	1 1 1	11		لب
	DAGE ADI	DECC (UDI)									
COMMITTEE'S WEB	PAGE AUL	ıleahfor	conare	ess.co	om						1
(Check if is change			11191		1 1 1 1 1	<del>                                     </del>	<u> </u>			<del>     </del>	ا،،
2. date <b>Ö</b> 3	š	°′ 2012	<b>Y</b>								
3. FEC IDENTIFIC	CATION NU	JMBER	С								
4. IS THIS STATE	MENT X	NEW (N)	OR		AMENDED	(A)					
I certify that I have e	examined th	is Statement and	d to the best	t of my kr	nowledge and b	elief it is tr	ue, corre	ct and c	omplete.		
Type or Print Name	of Treasure	Jacob	Brown	1						······································	
Signature of Treasure	er /	MAR				_ Date	, Ö	3 <sup>M</sup> ′ 2	Ž2°′	Ž0 <sup>°</sup>	1Ž `
NOTE: Submission of		ous, or incomplete							nalties of	2 U.S.C	C. §437g.
Office Use Only				F	for further inform federal Election Co oil Free 800-424-9 ocal 202-694-1100	ommission 1530	t:		EC F( Revised (		

ı	i	FEC <b>Fo</b> i	m 1 (Revised 02/2009)	Page 2	•
5.			OMMITTEE		
	Cen	didate ادی	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. (Con information below.)	nplete the candid	iate
	Name Cand		Leah, Campos Schandlbauer		
		lidate	on Rep Office House Senate President	State	ΑZ
	Party	Affiliation	n Rep Sought: X House Senate President	District	09
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand				للل
	Parl	ly Con	mittee:		
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.	.) Party.
	Poli	tical A	ction Committee (PAC):	······································	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organiza	ition is a:
			Corporation Corporation w/o Capital Stock	Labor Organiz	zation
			Membership Organization Trade Association	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	·	
	<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund o	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	t Fund	raising Representative:		
	(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more politic	cal
	(h)		committees/organizations, at least one of which is an authorized committee of a findoral namidato.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.		al .
	(11)		committees/organizations, none of which is an authorized committee of a federal candidate.	WO OF THOIR PORGE	rea:
		Com	mittees Participating in Joint Fundraisor		
		1.	FEC ID number C		
		2.	FEC ID number C		
		3.	FEC ID number C		
		4.	FEC ID number C		

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Leah for Congre		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	dersnip PAC Sponsor
	1   1   1   1   1   1   1   1   1   1	
Mailing Address		
-		11111111
	1111111111111111111	!-! !
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in	possession of committee
Full Name Jacob	Brown	
Mailing Address	712 E 3rd Ave.	
•		
	Mesa AZ 85	204
Title or Position	CITY STATE	ZIP CODE
¡Campaign Manaç	ger Telephone number 480 -	- [225] - [8738]
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name Jacob of Treasurer	Brown	
Mailing Address	712 E 3rd Ave,	
	<u> </u>	1111;1:11
	Mesa AZ 85	204  -   ZIP CODE
Title or Position [Campaign Manager	Telephone number [480]	. [225, ] - [8738

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Full Name of Designated			
Agent	Erik Anderson		
Mailing Address	744 W 9th St.		
	[Тефре	_ AZ_	<b>85281</b>
	CITY	STATE	ZIP CODE
Title or Position Designate	d Agent Telephon	e number	
	Depositories: List all banks or other depositories in which the copies or maintains funds.	mmittee deposits	funds, holds accounts, rents
Name of Bank,	Depository, etc.		
	Wells Fargo Bank	1-1-1-1-	<del>                                      </del>
Mailing Address	64 E BROADWAY RD		
	[Tempe		85282,   -   -
	СПҮ	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		11.1	11111111
Mailing Address			
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	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<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date 3/22/12 Overnight Delivery Service (Specify): Feel **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): PREPARER DATE PREPARED