FEC

Only

STATEMENT OF

PAGE 1 / 8 •

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN PARTY OF ARIZONA, LLC 3033 N CENTRAL AVE ADDRESS (number and street) SUITE 300 (Check if address is changed) **PHOENIX** 85012 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ENORTON08@GMAIL.COM is changed) Optional Second E-Mail Address INFO@CAMPAIGNFINANCIAL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00008227 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. Type or Print Name of Treasurer NORTON, ELIJAH, , NORTON, ELIJAH, , , 05 09 2024 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Completinformation below.)	ete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) ✓ This committee is a STA ` REP `	ocratic, olican, etc.) Party
Political Action 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 La	bor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segric committee. (i.e., nonconnected committee)	egated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hyb	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1C	
C	

TREASURER

1/	FEC Form 1 (Revised 0 /rite or Type Committee Name	2/2009)	Page 3
٧١		ARTY OF ARIZONA, LLC	
6.		rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
0.	CISCOMANI VICTOR		mip i Ao oponsoi
	Mailing Address	P.O. BOX 35103	
		TUCSON AZ 85740	I=I
		CITY ▲ STATE ▲	ZIP CODE ▲
	Balatina di a		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in possessi	ion of committee
	CFS, Comp	pliance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		I	
		Bethesda MD 20824	1 1
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Record	Telephone number	654 3220
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 natissistant treasurer).	ame and address of
	Full Name NORTON,	ELIJAH	
	of Treasurer		
	Mailing Address	17767 N. PERIMETER DRIVE	
		SUITE B101	
		SCOTTSDALE AZ 85255	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

480

Telephone number

239

0063

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Swoboda, Gina, , ,		
Mailing Address	Suite 300		
	Phoenix	AZ	85012
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Chairwoman	Telephone	number	
. Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the com xes or maintains funds.	mittee deposits fund	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	WELLS FARGO		
Mailing Address	2626 S 83RD AVE		
	PHOENIX	AZ	85043
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MOLEAN		22101
	MCLEAN CITY ▲	STATE ▲	22101 ZIP CODE ▲
		- -	- 3

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

Page ___ **of** 8

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
PROTECT THE HO	JSE 2024		
Mailing Address	PO BOX 30844		1 1 1 1 1 1 1 1 1
			<u> </u>
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership 1 AO Op
		it Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi		t Fundraising Representa	Leadership FAO Sp
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esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.				FEC I	D number	С	
3.				FEC I	D number	С	
4.				FEC I	D number	С	
NRSC VI ا	-	rganization, Affili	ated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC S	pons
Mailing	J Address	228 S WASHING	TON ST				1 1
		STE 115					1 1
		ALEXANDRIA		1	VA	22314	1 1
Dolotio	nship:		CITY A		STATE A	ZIP CODE	<u> </u>
	Connected	_	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PA	.C Sp
	Connected Agent: Identify				g Representa	ative Leadership PA	C Sp
esignated /	Connected Agent: Identify The State of the				g Representa	ative Leadership PA	C Sp
Designated A	Connected Agent: Identify The State of the				g Representa	ative Leadership PA	C Spi
resignated A	Connected Agent: Identify The State of the				g Representa	ative Leadership PA	C Spo
Pesignated A Full Nam Mailing A	Connected Agent: Identify The State of the	by name, address			g Representa	Leadership PA	

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

Page	of ⁸	

(h). Joint Fundrais			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fur RITY	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA		22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint Joi	oint Fundraising Represent	ative Leadership PAC Spo
		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		oint Fundraising Represent	ative Leadership PAC Spo
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Pesignated Agent: Ident	ify by name, address (phone number – optional)	STATE A	Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI	EE 		
Mailing Address	P.O. BOX 509		
Mailing Address			
	ARLINGTON		22216
		VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join ify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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