**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Arizona Libertarian Party, Inc. 1138 North Alma School Road ADDRESS (number and street) Ste 101 (Check if address is changed) Mesa 85201 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS csirois@dbcapitolstrategies.com (Check if address is changed) Optional Second E-Mail Address katie@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.azlp.org/ (Check if address is changed) DATE 02 2016 C00622845 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. Christina Sirois Type or Print Name of Treasurer Christina Sirois [Electronically Filed] 80 2016 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 Only

Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>					
		OMMITTEE	raye Z					
Car	ndidate	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. (Complete the candidate information below.)						
Nam Cand	e of didate							
	didate / Affiliati	Office Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Nam Cand	e of didate							
Par	ty Con	nmittee:						
(d)	X	This committee is a STA (National, State or subordinate) committee of the LIB	(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 cor	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 segregated fund or particommittee. (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.)						
Join	t Fund	raising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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					
	Committees Participating in Joint Fundraiser							
	1.	FEC ID number						
	2.	FEC ID number						
	3.	FEC ID number						
	4.							

EEC Form 1 (Davised C	22/2000)	Page <b>3</b>					
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3					
Arizona Libertar							
		adarahin DAC Spanaar					
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	idership PAC Sponsor					
GARY JOHNSON VIC	TORY FUND						
	107 S WEST ST						
Mailing Address							
	STE 922						
	CITY STATE	ZIP CODE					
	Affiliated Committee X Joint Fundraising Representative  utify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor n possession of committee					
books and records.							
Sarah K Granger  Full Name							
Mailing Address	107 S West St						
Ü	Ste 922						
	Alexandria VA 223	314					
Title or Position	CITY STATE	ZIP CODE					
Asst. Treasurer	Telephone number						
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of					
Full Name Christina Si	irois						
Mailing Address	107 S West St						
Š	Ste 922						
	Alexandria VA 223						
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE - 207 - 6451					

9.

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Full Name of Designated Sarah K. Granger Agent LILI LILI LILI LILI LILI LILI LILI LI								
Mailing Address 107 S West S	t							
Ste 922								
Alexandria	CITY	STATE	ZIP CODE					
Title or Position Asst. Treasurer		Telephone number						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Access National Bank								
Mailing Address 4221 Walney	Rd							
Ste 120								
Chantilly		VA VA	20151					
	CITY	STATE	ZIP CODE					
Name of Bank, Depository, etc.								
Mailing Address								
	CITY	STATE	ZIP CODE					