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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full)  (Check if name is changed) Example: if typing, type over the lines.  (Check if name is changed) Example: if typing, type over the lines.

NORRIS FOR US HOUSE

ADDRESS (number and street) P.O. BOX 13136

(Check if address is changed)

CASA GRANDE AZ 85230

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NORRIS\_USHOUSE@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 10/4/23/2002

3. FEC IDENTIFICATION NUMBER C

4. 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 NOEMIE NORRIS

Signature of Treasurer *Noemie Norris* Date 10/4/23/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 candidate information below.)

Name of Candidate DEBORA NORRIS

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State AZ District 01

- (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 \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/b Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name V.A.N. ORNELAS

Mailing Address 14397 N BETHANY HOME RD #1329  
GLENDALE AZ 85301

Title or Position CAMPAIGN MANAGER CITY GLENDALE STATE AZ ZIP CODE 85301  
Telephone number 602-326-6779

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer INGEM. NORRIS

Mailing Address 14397 N BETHANY HOME RD #1329  
GLENDALE AZ 85301

Title or Position TREASURER CITY GLENDALE STATE AZ ZIP CODE 85301  
Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

9. 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.

NATIONAL BANK OF ARIZONA

Mailing Address

3611 N CAMPBELL AVE

TUCSON

AZ

85719

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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