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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) over the lines. is changed) Mary Rose Wilcox For Congress 200 E Fillmore #126 ADDRESS (number and street) (Check if address is changed) Phoenix 85004 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aaron@casaunltd.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2015 C00559989 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. Aaron Kizer Type or Print Name of Treasurer Aaron Kizer [Electronically Filed] 03 30 2015 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offity			Local 202-694-1100

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FEC Forn	n 1 (Revised 02/2009)	Page 2
TYPE OF CO Candidate (
	This committee is a principal campaign committee. (Complete the candidate information below.))
	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	iplete the candidate
Name of Candidate	Mary Rose Wilcox	
Candidate	Office	State
Party Affiliation	DEM	07
		District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comr	mittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
		Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fundra	aising Representative:	
	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 tw	vo or more political
	committees/organizations, none of which is an authorized committee of a federal candidate.	
Comm	nittees Participating in Joint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.		
4.		

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Write or Type Committee Name		
Mary Rose Wild	cox For Congress	
	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Mailing Address		
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponso
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in possess	sion of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE ZIP	CODE
	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 name assistant treasurer).	and address of
Full Name Aaron Kize		
of Treasurer		
Mailing Address	1001 E Jefferson St	
	Phoenix AZ 85034 CITY STATE ZIP	
Title or Position Treasurer	Telephone number 602 - 257	_ 8410

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Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. Wells Fargo, NA	
safety deposit I Name of Bank,	Depository, etc. Wells Fargo, NA 100 W Washingtoin St	
safety deposit I Name of Bank,	Depository, etc. Wells Fargo, NA	
safety deposit I Name of Bank,	Depository, etc. Wells Fargo, NA 100 W Washingtoin St	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo, NA 100 W Washingtoin St Phoenix AZ 850	03
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo, NA 100 W Washingtoin St Phoenix CITY STATE Depository, etc.	03
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo, NA 100 W Washingtoin St Phoenix AZ 850	03
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo, NA 100 W Washingtoin St Phoenix CITY STATE Depository, etc.	03
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo, NA 100 W Washingtoin St Phoenix CITY STATE Depository, etc.	03
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo, NA 100 W Washingtoin St Phoenix CITY STATE Depository, etc.	03