Only

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STATEMENT OF **FEC 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 17767 N. PERIMETER DRIVE ADDRESS (number and street) SUITE B101 (Check if address is changed) **SCOTTSDALE** 85255 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ENORTON08@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address AZGOP@redcurve.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 03 2023 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. NORTON, ELIJAH, , , Type or Print Name of Treasurer NORTON, ELIJAH, , , [Electronically Filed] Date 02 03 2023 Signature of Treasurer 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 <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State lent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a CTA DED	Democratic, epublican, etc.) Party
Delikies I Askien Committee (DAC)	
Political Action Committee (PAC):	a connected ergonization is as
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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 committee. (i.e., nonconnected committee)	segregated 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.	
	(Hubrid DAC)
(h) This committee is a political committee with both contribution and non-contribution accounts (	(Hybrid 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 committees/organizations, at least one of which is an authorized committee of a federal cand	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0	)2/2009)			Page <b>3</b>
V	Vrite or Type Committee Name				, ago <b>o</b>
		PARTY OF ARIZ	ZONA, LLC	<b>,</b>	
6.		rganization, Affiliated Committe STATE VICTORY FUND		ng Representative, o	r Leadership PAC Sponsor
	Mailing Address	PO BOX 9891			
		ARLINGTON		VA	22219
		CITY A		STATE ▲	ZIP CODE ▲
	Polationship: Connected	_		undraising Representati	
	Relationship: Connected	Organization Affiliated Organ	ization X Joint Fo	undraising Representati	ve Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone num	nber optional) and	position of the person i	n possession of committee
	NORTON,	ELIJAH, , ,			
	Full Name				
	Mailing Address	17767 N. PERIMETER DRIVE			
		SUITE B101			
		SCOTTSDALE		AZ	85255
		CITY A	<b>\</b>	STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Teleph	none number 48	0 - 239 - 0063
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number opt assistant treasurer).	ional) of the treasur	er of the committee; a	and the name and address of
	Full Name NORTON,	ELIJAH, , ,			
	of Treasurer				
	Mailing Address	17767 N. PERIMETER DRIVE			
		SUITE B101			
		SCOTTSDALE		AZ	85255
		CITY A		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Teleph	none number 48	0 - 239 - 0063

	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
	I Name of signated ent		
Mai	iling Address		
Title	e or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
L		Telephone number	
<b>Bar</b> safe	nks or Other ety deposit box	Depositories: List all banks or other depositories in which the committee deposits fundaces or maintains funds.	s, holds accounts, rents
Nan	me of Bank, D	epository, etc.	
		WELLS FARGO	
Mai	iling Address	2626 S 83RD AVE	
		PHOENIX AZ 8	35043
		CITY ▲ STATE ▲	ZIP CODE ▲
Nan	me of Bank, D	epository, etc.	
		CHAIN BRIDGE BANK	
Mai	iling Address	1445A LAUGHLIN AVE	
	Ü		
		MCLEAN VA   2	22101
		CITY ▲ STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisir	ig i ai tioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
NRSC TARGETE	D STATE VICTORY		
Mailing Address	PO BOX 60148		
	1		
	WASHINGTON	, DC	20039
Relationship:	CITY A	STATE A	ZIP CODE A
riolationemp.	OII I	SIAIL	ZII OODL A
	d Organization Affiliated Committee Jointy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mailing and many deposit boxes or mailing and many deposit boxes or mailing and agent agent and agent	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To spries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To spries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 365		
	MCLEAN	, ,   VA	22101
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint  Type by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the control of the	fy by name, address (phone number – optional)  CITY   CITY   Te  Ories: List all banks or other depositories in which haintains funds.  Fargo Bank  8302 Woodmnt Avenue	STATE A elephone Number the committee deposit	ZIP CODE   ZIP CODE   s funds, holds accounts, rent
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which that intains funds.  Fargo Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(g) or (h). Joint I	Fundraising P	articipant:					
1				F	EC ID number	С	
2.				_   F	EC ID number	C	
3.	1 1 1 1			 _	EC ID number	С	
4.				F	EC ID number	С	
			liated Committee, Joi	nt Fundraisin	g Representative	e, or Leaders	hip PAC Sponso
Mailing Ad	ldress [	824 S MILLEDG	E AVE, STE 101				
	Ĺ	ATHENS			GA L	30605	
Relationsh	ip:		CITY A		STATE ▲	2	ZIP CODE A
Designated Age	Connected Or		Affiliated Committee		raising Representa	ative Lea	adership PAC Spor
Full Name							
Mailing Addr	ress						
Mailing Addr	ress [						
Mailing Addr	ress [						
	ress		CITY A		STATE A		P CODE A
	L				STATE A		
Banks or Other safety deposit both Name of Bank, Depository, etc.	POSITION ▼  Depositories oxes or mainta	:: List all banks ains funds.	CITY  or other depositories	Telepho	one Number	ZII	P CODE A
Banks or Other safety deposit be Name of Bank,	POSITION ▼  Depositories oxes or mainta	:: List all banks ains funds.	CITY A	Telepho	one Number	ZII	P CODE A
Banks or Other safety deposit both Name of Bank, Depository, etc.	POSITION   Depositories oxes or mainta  TRUIST  ddress	:: List all banks ains funds.	CITY  or other depositories	Telepho	one Number	ZII	P CODE A

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

h). <b>Joint Fundraisi</b> r		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Take Back the Ho	ouse 2022		
	PO Box 30844		
Mailing Address			
	Bethesda	, MD,	20824
Dalatianakin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page \_9\_ **of** \_14\_\_

5(g)	or(h). <b>Joint Fundraisin</b> ç	g Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3		FEC ID number	
	4		FEC ID number	
6.	Name of Any Connected ONRCC ARIZONA	Organization, Affiliated Committee, Joint Fundi	aising Representative, or Lead	ership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA 2231	4
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which ntains funds.	the committee deposits funds, ho	olds accounts, rents
	Mailing Address			
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TARGETED STA	TE VICTORY		
Mailing Address	310 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisir</b>			l FEC	ID number	C
1.				D ID number	C
2.					
3.				D number	С
4.			FEC	D number	C
		filiated Committee, Joi	nt Fundraising	Representativ	ve, or Leadership PAC Spon
CISCOMANI VIC	TORY FUND				
Mailing Address	P.O. BOX 3510	03			
	TUCSON			AZ	85740
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	<b>X</b> Joint Fundrai	sing Represen	tative Leadership PAC S
				sing Represen	tative Leadership PAC S
				sing Represen	tative Leadership PAC S
esignated Agent: Identif				sing Represen	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	y by name, addres	ss (phone number – op	tional)	sing Represent	
esignated Agent: Identif	y by name, addres	es (phone number – op	tional)	STATE A	
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, addres	city 🛦	tional)  Telephone	STATE A	
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, addres	city 🛦	tional)  Telephone	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, addres	city 🛦	tional)  Telephone	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc.	y by name, addres	city 🛦	tional)  Telephone	STATE A	ZIP CODE A

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

g) or (h). <b>Joint Fundrais</b> i	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra ORY COMMITTEE	aising Representative	e, or Leadership PAC Sponsor
WASTERS VIOT			
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	I VA I	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee  Joint  Joint  ify by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sponso
Full Name			
Mailing Address			
TITLE OR POSITION	N ▼	STATE ▲	ZIP CODE ▲
	1	lephone Number	
Panks or Other Denosit	ories: List all banks or other depositories in which t	the committee deposit	to fundo, holdo accounto, rento
safety deposit boxes or m		rie committee deposit	is fulfus, floids accounts, ferits
Name of Bank, Depository, etc.			
Mailing Address			
3			
			1 , , , , 1-1 , , .

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n). <b>Joint Fundraising</b>					-O ID :		
1.				J	EC ID numbe	-	
2.				] FE	EC ID numbe		
3.				] FE	EC ID numbe	r C	
4.				J FE	EC ID numbe	r C	
ame of Any Connected (	_	iated Committ	ee, Joint Fu	ndraising	g Representa	tive, or	Leadership PAC Spo
TAKE BACK THE	SENATE						
Mailing Address	PO BOX 9891						
	ARLINGTON				VA	J L	22219
Relationship:		CITY A			STATE	<b>A</b>	ZIP CODE ▲
Connected	Organization	Affiliated Comm	nittee <b>x</b>	Joint Fundr	aising Represe	entative	Leadership PAC
Connected esignated Agent: Identify Full Name					raising Represe	entative	Leadership PAC
esignated Agent: Identify					raising Represe	entative	Leadership PAC
esignated Agent: Identify  Full Name					raising Represe	entative	Leadership PAC
esignated Agent: Identify  Full Name		(phone number	er – optional				Leadership PAC
esignated Agent: Identify  Full Name  Mailing Address	by name, address	(phone number	er – optional				
esignated Agent: Identify  Full Name	by name, address	(phone number	er – optional				
esignated Agent: Identify  Full Name  Mailing Address	by name, address	city 🛦	er – optional	Telepho	STATE A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	by name, address	city 🛦	er – optional	Telepho	STATE A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	city 🛦	er – optional	Telepho	STATE A		ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representativ	e, or Leadership PAC Spon
PROTECT THE	HOUSE 2024		
<u> </u>			
	PO POV 20044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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