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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) is changed) over the lines. DAVE GILES FOR CONGRESS 3667 EAST MEGAN STREET ADDRESS (number and street) (Check if address is changed) **GILBERT** 85295 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dave@davegilesforcongress.com (Check if address is changed) Optional Second E-Mail Address |davidvgiles@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.davegilesforcongress.com (Check if address is changed) DATE 2017 C00572602 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. Wolfe, Douglas, , , Type or Print Name of Treasurer Wolfe, Douglas, , , [Electronically Filed] 12 12 2017 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

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE	OF C	COMMITTEE	
Can	didate	e 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. (Complet information below.)	e the candidate
Name Cand		GILES, DAVID VICTOR, , ,	
Cand		on REP Sought: X House Senate President	State
Party	Affiliati	ion REP Sought: X House Senate President	District 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	mocratic, ublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association Co	poperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam	e		
DAVE GILES F	FOR CONGRESS		
6. Name of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Representative, o	r Leadership PAC Sponsor
DAVE GILES FOR C	ONGRESS		
	OCCUPANT OF DEET		
Mailing Address	3667 EAST MEGAN STREET		
	GILBERT	AZ	85295
	CITY	STATE	ZIP CODE
			П
Relationship: X Connected	ed Organization Affiliated Committee	Joint Fundraising Representation	/e Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number op	otional) and position of the per	son in possession of committee
	AVID VICTOR, , ,		
Full Name	,3667 EAST MEGAN STREET		
Mailing Address			
	GILBERT	AZ	85295
Title or Position	CITY	STATE	ZIP CODE
Candidate		Telephone number 48	0
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	e treasurer of the committee; a	nd the name and address of
Full Name Wolfe, Do	uglas, , ,		1
of Treasurer			
Mailing Address	PO Box 248		
	Apache Junction	AZ	85117
Title or Decition	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	2 290 4940
1			

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Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo		is accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit be Name of Bank, I	Depository, etc. Wells Fargo Merchant Bank Card 100 W. Washington St. Phoenix AZ 85003	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Wells Fargo Merchant Bank Card 100 W. Washington St. Phoenix AZ 85003	
safety deposit be Name of Bank, I	Depository, etc. Wells Fargo Merchant Bank Card 100 W. Washington St. Phoenix AZ 85003	
safety deposit be Name of Bank, I	Depository, etc. Wells Fargo Merchant Bank Card 100 W. Washington St. Phoenix AZ 85003	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Wells Fargo Merchant Bank Card 100 W. Washington St. Phoenix AZ 85003	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Wells Fargo Merchant Bank Card 100 W. Washington St. Phoenix AZ 85003	