**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Robert Shrum for President 5742 S. Crossbow ADDRESS (number and street) (Check if address is changed) Chandler 85249 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Rshrumc@cox.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00592410 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. Robert Shrum Type or Print Name of Treasurer Robert Shrum [Electronically Filed] 19 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

TYPE OF COMMITTEE  Candidate Committee:  (a)	TYPE OF COMMITTEE  Candidate Committee:  (a) This committee is an authorized committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of Candidate  Candidate  Candidate  Candidate  Candidate  Candidate  This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  Party Affiliation  This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  Party Committee:  (d) This committee is a				
Candidate 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.)  Name of Candidate Party Affiliation  REP Office Party Affiliation  REP Office Sought: House Senate President 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 (National, State or subordinate) committee of the Republican, etc.) Pa  Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on Membership Organization Trade Association  Membership Organization  In addition, this committee is a Lobbylist/Registrant PAC.  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbylist/Registrant PAC.  (g) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)  This committee supports/opposes and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.  (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	Candidate 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.)  Name of Candidate  Candidate  Candidate  Candidate  Candidate  Party Affiliation  REP  Coffice Party Affiliation  REP  Coffice Party Affiliation  REP  Coffice Sought: House Senate President 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 (National, State or subordinate) committee of the Republican, etc.  Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization  Membership Organization  Corporation Corporation Corporation Cooperative  In addition, this committee is a Lobby/styRegistrant PAC.  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund organization. In addition, this committee is a Lobby/styRegistrant PAC.  This committee contents on this bid is an authorized committee of a federal candidate.  Committee Segrations, a fleast one of which is an authorized committee of a federal candidate.  Committees Participating in Joint Fundraiser  1. FEC ID number C  2. FEC ID number C  3. FEC ID number C			,	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of Candidate Candidate Mr. Robert Shrum  Candidate Candidate REP Office Sought: House Senate President 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 National, State or subordinate) committee of the Republican, etc.) Party Committee: (d) This committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) Its connected organization on line defined program and its notation of the committee. (I.e., nonconnected committee) 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 party and the committee. (I.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.  (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of Candidate Mr. Robert Shrum  Candidate Party Affiliation REP Sought: House Senate President District  (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  Party Committee: (National, State or subordinate) committee of the Republican, etc.  Political Action Committee is a Corporation Corporation w/o Capital Stock Labor Organization In addition, this committee is a Lobby/st/Registrant PAC.  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund of committee, (i.e., nonconnected committee) In addition, this committee is a Lobby/st/Registrant PAC.  (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, and east one of which is an authorized committee of a federal candidate.  Committees Participating in Joint Fundraiser  1. FEC ID number C  2. FEC ID number C				
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	CODE
Relationship. Connected Organization Annihilated Committee Joint Lundraising Representative Leaders	ship PAC Sponsor
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. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess	sion of committee
books and records.	
Robert Shrum  Full Name	t
Mailing Address 5742 S. Crossbow	
Mailing Address	
Chandler AZ 85249	1_1 , , ,
T'' S '''	2005
Title or Position CITY STATE ZIP	CODE
B. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Robert Shrum  of Treasurer	
Mailing Address   5742 S. Crossbow	
Chandler AZ 85249	
CITY STATE ZIP Title or Position	CODE
Treasurer         480         550           Telephone number         1	1 1487

FEC Form 1 (	Kevisea u z / z 009)	Page <b>4</b>
Full Name of Designated Rol Agent	bert Shrum	
Mailing Address	5742 S. Crossbow	
	Chandler AZ STATE	85249 ZIP CODE
Title or Position	SIAIL	Zii OODL
	Telephone number	
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