**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Draft Sheriff Joe For Senate 2020 7032 W Canterbury Dr ADDRESS (number and street) (Check if address is changed) Peoria 85345 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@pacampaignservices.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00700286 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. Day, Elijah, Paris, , Treasurer Type or Print Name of Treasurer Day, Elijah, Paris, , Treasurer [Electronically Filed] 03 26 2019 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

|             | FEC <b>Fo</b> i        | rm 1 (Revised 02/2009)  | Page <b>2</b>             |
|-------------|------------------------|---|---------------------------|
| TYP         | E OF C                 | OMMITTEE  Committee:  | <u> </u>                  |
| (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. (Cor information below.)  | nplete the candidate      |
| Nam<br>Can  | e of<br>didate         |   |                           |
|             | didate<br>y Affiliatio | Office Sought: House Senate President   | State                     |
| (c)         | x                      | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                           |
| Nam<br>Cand | e of<br>didate         | Arpaio, Joe, , Sheriff,   |                           |
| Par         | ty Con                 | nmittee: (National, State   | (Democratic,              |
| (d)         |                        | This committee is a or subordinate) committee of the  | Republican, etc.) Party   |
| Poli        | itical A               | ction Committee (PAC):  |                           |
| (e)         |                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co   | nnected 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 s committee. (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.)  |                           |
| Join        | ıt Fund                | raising Representative:   |                           |
| (g)         | П                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t   |                           |
| (h)         |                        | committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. |                           |
|             | Com                    | mittees Participating in Joint Fundraiser   |                           |
|             | 1.                     |   |                           |
|             | 2.                     |   |                           |
|             | 3.                     |   |                           |
|             |                        |   |                           |
|             | 4.                     |   |                           |

| FEC <b>Form 1</b> (Revised 02/2009)  | Page <b>3</b>       |
|--|---------------------|
| Write or Type Committee Name   | r age <b>o</b>      |
| Draft Sheriff Joe For Senate 2020  |                     |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership   | PAC Sponsor         |
| NONE   |                     |
|  |                     |
|  |                     |
| Mailing Address  |                     |
|  |                     |
|  |                     |
| CITY STATE ZI  | P CODE              |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader  | ership PAC Sponsor  |
| <ul> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in posse<br/>books and records.</li> </ul>                   | ession of committee |
| Day, Elijah, Paris, , Treasurer  Full Name   | 1                   |
| 7032 W Canterbury Dr   |                     |
| Mailing Address  |                     |
| Peoria , AZ , 85345  |                     |
|  |                     |
| Title or Position CITY STATE ZII   | P CODE              |
|  | 2 9705              |
| 3. <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 Day, Elijah, Paris, , Treasurer  |                     |
| of Treasurer   |                     |
| Mailing Address  |                     |
| . Descrie  |                     |
| Peoria AZ 85345  |                     |
| Title or Position  | P CODE              |
|  | 2 9705              |

| FEC <b>Form</b>   | <b>1</b> (Revised 02/2009)  | Page <b>4</b> |
|---|---|---------------|
|   |   |               |
| Full Name of<br>Designated<br>Agent                                       |   |               |
| Mailing Address   |   |               |
|   |   |               |
|   | CITY STATE Z  | ZIP CODE      |
| Title or Position   |   |               |
|   |   |               |
| Banks or Other  | Depositories: List all banks or other depositories in which the committee deposits funds, holds                   |               |
| Banks or Other<br>safety deposit bo<br>Name of Bank, E<br>Mailing Address | oxes or maintains funds.  |               |
| safety deposit bo<br>Name of Bank, E                                      | Depository, etc.  Bank Of America  100 Westminster St  Ste 1050  Providence  RI 02903                             | ZIP CODE      |
| safety deposit bo<br>Name of Bank, E                                      | Depository, etc.  Bank Of America  100 Westminster St  Ste 1050  Providence  RI  02903  CITY  STATE  Z            |               |
| Safety deposit bo Name of Bank, E Mailing Address  Name of Bank, E        | Depository, etc.  Bank Of America  100 Westminster St  Ste 1050  Providence  RI  02903  CITY  STATE  Z            |               |
| safety deposit bo<br>Name of Bank, E<br>Mailing Address                   | Depository, etc.  Bank Of America  100 Westminster St Ste 1050 Providence RI 02903  CITY STATE Z Depository, etc. |               |
| safety deposit bo Name of Bank, E  Mailing Address  Name of Bank, E       | Depository, etc.  Bank Of America  100 Westminster St Ste 1050 Providence RI 02903  CITY STATE Z Depository, etc. |               |
| safety deposit bo Name of Bank, E  Mailing Address  Name of Bank, E       | Depository, etc.  Bank Of America  100 Westminster St Ste 1050 Providence RI 02903  CITY STATE Z Depository, etc. |               |