**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) is changed) over the lines. Amish for Arizona PO Box 7070 ADDRESS (number and street) (Check if address is changed) Phoenix 85011 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@amishforarizona.com is changed) Optional Second E-Mail Address heather@brightbluecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00836502 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Mrowiec, Heather,, Date 11 20 2024 Signature of Treasurer Mrowiec, Heather, , , 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate Shah, Amish, , Dr.,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate President	State AZ  District 01
(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 Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ated 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.	
(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 for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1	

ı	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
۷	Vrite or Type Committee Name				
	Amish for Arizon				
6.	-	rganization, Affiliated Committee, Jo	oint Fundraising Represent	ative, or Leadership	PAC Sponsor
	Amish Shah Victory F	·una 			
	Mailing Address	PO Box 7070			
		Phoenix	ı AZ	Z <sub>1</sub> 85011	
		OITV A	OTA:		D 00DE 4
		CITY ▲	STAT		P CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repr	resentative Lea	dership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number	optional) and position of the	person in possession	of committee
	Mrowiec, H	eather, , ,			
	Full Name				
	Mailing Address	1729 N 75th St			
		Scottsdale	AZ	Z 85257	.  -
		CITY ▲	eta:	TE <b>≜</b> ZI	P CODE ▲
	Title or Position ▼	CITT A	SIAI	IE <b>–</b> ZI	r CODE <b>=</b>
	Treasurer		Telephone number	480  -  313	3  -  6802
			relephone number		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the com	mittee; and the name	and address of
	Full Name Mrowiec, H	eather, , ,			
	of Treasurer				
	Mailing Address	1729 N 75th St			
		Scottsdale	A	85257	
		CITY ▲	STAT	ΓE ▲ ZI	P CODE ▲
	Title or Position ▼				
	Treasurer	<u> </u>	Telephone number	480 - 31	3 - 6802

	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
	Full Name of	(1.0.1003 02.2000)		
	Designated Agent			
ı	Mailing Address			
	Title or Position <b>▼</b>		STATE A	ZIP CODE ▲
		Telephone numb	oer	
E	Banks or Other I	Depositories: List all banks or other depositories in which the committee es or maintains funds.	deposits fu	nds, holds accounts, rents
1	Name of Bank, D	epository, etc.		
		PNC Bank		
N	Mailing Address	3003 N Central Ave		
		Suite 100		
		Phoenix	AZ	85012
		CITY A	STATE A	ZIP CODE ▲
1	Name of Bank, D	epository, etc.		
N	Mailing Address			
		CITY ▲ S	STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundre	aising Representativ	e, or Leadership PAC Spons
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
Relationship:	WASHINGTON CITY A	DC STATE A	20003 ZIP CODE ▲
		Fundraising Representa	
Designated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name L L L L L L L L L L L L L L L L L L L	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  Te  pries: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or mail and the state of Bank,	CITY ▲  Te  pries: List all banks or other depositories in which	elephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.	elephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.	elephone Number	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
FREEDOM FALL BL	UE WAVE FUND		
<u> </u>			
	COO DENINGVI VANIJA AVE CE #45490		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	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   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	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   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	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   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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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	С
ame of Any Connected 314 ACTION IMPAC	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 14560		
	WASHINGTON	DC	20044
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Join	at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Join	at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	ed Organization X Affiliated Committee Join  fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Join Join Join Join Join Join Join		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Join Join fy by name, address (phone number – optional)  CITY   CITY   Cries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join Join fy by name, address (phone number – optional)  CITY   CITY   Cries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join Join fy by name, address (phone number – optional)  CITY   CITY   Cries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A