Only

## STATEMENT OF

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**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. Chris Taylor for Arizona 320 Geronimo Rd ADDRESS (number and street) (Check if address is changed) Safford 85546 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@taylorforarizona.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00707471 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. Taylor, Chris, , , Type or Print Name of Treasurer Taylor, Chris,,, [Electronically Filed] 05 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

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		OMMITTEE Committee:				
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) Name	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Cand		Taylor, Chris, , ,				
Cand Party	idate Affiliatio	on REP Office Sought: X House Senate President	State AZ District 01			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:	Domografia			
(d)			Democratic, Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):				
(e)	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organi					
		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 seg committee. (i.e., nonconnected committee)	gregated 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.)				
Joint	t Fund	raising Representative:				
(g)		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			
(h)		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			
	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	Name	
Chris Taylor	for Arizona	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
	<u>                                     </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person	on in possession of committee
	or, Chris, , ,	
Full Name	<sub>1</sub> 320 Geronimo Rd	
Mailing Address		
	Safford	85546
Title or Position	CITY STATE	ZIP CODE
	928 Telephone number	322 9787
B. <b>Treasurer:</b> List the nan any designated agent (	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	d the name and address of
Full Name Taylo	or, Chris, , ,	
Mailing Address	320 Geronimo Rd	
J		
	Safford   AZ	85546
	CITY STATE	ZIP CODE
Title or Position	928 Telephone number	-  322  -  9787
1		

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Full Name of Designated Agent	Taylor, Chris, , ,						
Mailing Address	320 Geronimo Rd						
	Po#ard						
	Safford AZ 85546  CITY STATE ZIF	P CODE					
Title or Position	Telephone number =						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
	US Bancorp						
Mailing Address	800 Nicollet Mall						
	Minneapolis MN 55402						
	CITY STATE ZII	P CODE					
Name of Bank, D	epository, etc.						
Mailing Address							
	CITY STATE ZII	P CODE					