

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Lead the Way

ADDRESS (number and street) 1887 Whitney Mesa Dr  
 (Check if address is changed) Suite 2980  
Henderson NV 89014  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) dacey@tmwcompliance.com  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 10 / 04 / 2018

3. FEC IDENTIFICATION NUMBER ▶ C C00688911

4. 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.

Type or Print Name of Treasurer Montoya, Dacey, , ,

Signature of Treasurer Montoya, Dacey, , , [Electronically Filed] Date 10 / 04 / 2018

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.

5. TYPE OF COMMITTEE

**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 Party Affiliation  Office Sought:  House  Senate  President State  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  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (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.
- (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.

Committees Participating in Joint Fundraiser

1. COLIN ALLRED FOR CONGRESS \_\_\_\_\_ FEC ID number  C C00637868
2. SPANBERGER FOR CONGRESS \_\_\_\_\_ FEC ID number  C C00649913
3. GINA ORTIZ JONES FOR CONGRESS \_\_\_\_\_ FEC ID number  C C00652297
4. ELIZABETH PANNILL FLETCHER FOR CONGRESS \_\_\_\_\_ FEC ID number  C C00640045

Write or Type Committee Name

# Lead the Way

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Montoya, Dacey, , ,

Mailing Address 2448 N 38th St

Phoenix AZ 85008

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 602 228 8902

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Montoya, Dacey, , ,

Mailing Address 2448 N 38th St

Phoenix AZ 85008

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 602 228 8902

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. 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.

Amalgamated Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

1825 K St NW

[Empty grid for Mailing Address line 2]

Washington DC 20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. FRIENDS OF LUCY MCBATH INC.
- 2. CAROLYN FOR CONGRESS
- 3. FRANCYS JOHNSON FOR CONGRESS
- 4. AMMAR CAMPA FOR CONGRESS

FEC ID number	C	C00672295
FEC ID number	C	C00649376
FEC ID number	C	C00666941
FEC ID number	C	C00635888

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty text field for organization name]

Mailing Address [Empty text field]

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name [Empty text field]

Mailing Address [Empty text field]

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number [Empty text field]

9. 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. [Empty text field]

Mailing Address [Empty text field]

CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). Joint Fundraising Participant:

1.	HARLEY ROUDA FOR CONGRESS	FEC ID number	C00633982
2.	KATIE PORTER FOR CONGRESS	FEC ID number	C00636571
3.	CISNEROS FOR CONGRESS	FEC ID number	C00650648
4.	KATIE HILL FOR CONGRESS	FEC ID number	C00634212

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE and checkboxes for Connected Organization, Affiliated Committee, Joint Fundraising Representative, Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Designated Agent fields: Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

9. 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.

Banks or Other Depositories fields: Name of Bank, Depository, etc., Mailing Address, CITY, STATE, ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. ANGIE CRAIG FOR CONGRESS
- 2. SHARICE FOR CONGRESS
- 3. ELAINE FOR CONGRESS
- 4. XOCHITL FOR NEW MEXICO

FEC ID number	C	C00575209
FEC ID number	C	C00670034
FEC ID number	C	C00664375
FEC ID number	C	C00666149

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty text field for organization name]

Mailing Address

[Empty text field for mailing address]

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

[Empty text field for full name]

Mailing Address

[Empty text field for mailing address]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[Empty text field for title or position]

[Empty text field for telephone number]

9. 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.

[Empty text field for bank name]

Mailing Address

[Empty text field for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

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

5(g) or (h).

Joint Fundraising Participant:

- 1. KIRKPATRICK FOR CONGRESS
- 2. LAUREN BAER FOR CONGRESS
- 3. DEBBIE FOR CONGRESS
- 4. DONNA SHALALA FOR CONGRESS

FEC ID number	C00651042
FEC ID number	C00652594
FEC ID number	C00652065
FEC ID number	C00672311

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE
 Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

9. 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., Mailing Address, CITY, STATE, ZIP CODE



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

5(g) or (h).

Joint Fundraising Participant:

- 1. DEAN PHILLIPS FOR CONGRESS
- 2. AFTAB FOR OHIO
- 3. WAY TO LEAD PAC
- 4.

FEC ID number	C	C00640714
FEC ID number	C	C00667519
FEC ID number	C	C00686832
FEC ID number	C	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

9. 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.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲