PAGE 1 / 10 -

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) PHOENIX FIRE FIGHTERS, LOCAL 493, FIRE PAC COMMITTEE 61 E COLUMBUS AVE, #200 ADDRESS (number and street) (Check if address is changed) **PHOENIX** 85012 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jeremie@commoncentsconsulting.net is changed) Optional Second E-Mail Address Darryl@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00134676 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. Type or Print Name of Treasurer Crowley, William, Scott, Crowley, William, Scott,, 07 14 2024 Signature of Treasurer Date 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| E | C Form 1 (Revised 03/2022) Page 2  | 2         |
|---|--|-----------|
|   | 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 Office Sought: House Senate President  |           |
|   | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |           |
|   | Name of Candidate  | 1 1       |
|   | Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party  |           |
|   | Political Action Committee (PAC):  |           |
|   | (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization  | n is a:   |
|   | Corporation Corporation w/o Capital Stock X 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 particle committee. (i.e., nonconnected committee)   | rty       |
|   | 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:  |           |
|   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate. | al        |
|   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.         | al        |
|   | Committees Participating in Joint Fundraiser   |           |
|   | 1 C  | $\exists$ |

| FEC Form 1 (Revised 02/2 | 09) Pa | ıge |
|--------------------------|--------|-----|
|--------------------------|--------|-----|

|                   | `           | , |  |  | • |
|-------------------|-------------|---|--|--|---|
| Write or Type Com | mittee Name |   |  |  |   |

| _  |  | FIGHTERS, LOCAL 49  |                         |                |                             |  |  |
|----|--|---|-------------------------|----------------|-----------------------------|--|--|
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Phoenix Firefighters Local 493 |   |                         |                |                             |  |  |
|    | Phoenix Firefighters   | Local 493   |                         |                |                             |  |  |
|    |  |   |                         |                |                             |  |  |
|    | Mailing Address  | 61 E. Columbus  |                         |                |                             |  |  |
|    |  |   |                         |                |                             |  |  |
|    |  | Phoenix   | 1                       | AZ<br>         | 85012                       |  |  |
|    |  | CITY ▲  |                         | STATE ▲        | ZIP CODE ▲                  |  |  |
|    | Relationship: X Connected  | d Organization Affiliated Organization                        | Joint Fundraising       | Representati   | ve Leadership PAC Sponso    |  |  |
| 7. | Custodian of Records: Identification books and records.  | tify by name, address (phone number o                         | ptional) and position o | f the person i | n possession of committee   |  |  |
|    | Tattrie, Da  | arryl, , ,  |                         |                |                             |  |  |
|    | Mailing Address  | 61 E. Columbus  |                         |                |                             |  |  |
|    |  |   |                         |                |                             |  |  |
|    |  | Phoenix   |                         | AZ             | 85012                       |  |  |
|    | Tille on Booting   | CITY ▲  |                         | STATE ▲        | ZIP CODE ▲                  |  |  |
|    | Title or Position ▼    Compliance Director   |   | Telephone num           | ber 60         | 02 9858                     |  |  |
| 3. | Treasurer: List the name ar any designated agent (e.g.,  | nd address (phone number optional) o<br>assistant treasurer). | of the treasurer of the | committee; a   | and the name and address of |  |  |
|    | Full Name Crowley, \ of Treasurer  | William, Scott, ,   |                         |                |                             |  |  |
|    | Mailing Address  | 61 E. Columbus  |                         |                |                             |  |  |
|    |  |   |                         |                |                             |  |  |
|    |  | Phoenix   |                         | AZ             | 85012                       |  |  |
|    |  | CITY ▲  |                         | STATE A        | ZIP CODE ▲                  |  |  |
|    | Title or Position ▼  |   |                         |                |                             |  |  |
|    | Treasurer  |   | Telephone num           | ber 60         | 02                          |  |  |

| FEC Form 1                       | (Revised 02/2009)  |                   | Page <b>4</b>               |
|----------------------------------|--|-------------------|-----------------------------|
| Full Name of Designated          | (  |                   |                             |
| Agent                            |  |                   |                             |
| Mailing Address                  |  |                   |                             |
|                                  |  |                   |                             |
|                                  |  |                   |                             |
| Title or Position                | CITY ▲   | STATE ▲           | ZIP CODE ▲                  |
|                                  | Telephone  | number            |                             |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the commes or maintains funds. | mittee deposits f | unds, holds accounts, rents |
| Name of Bank, D                  | epository, etc.  |                   |                             |
|                                  | Arizona Federal Credit Union   |                   |                             |
| Mailing Address                  | 5515 N 19 Ave  |                   |                             |
|                                  |  |                   |                             |
|                                  | Phoenix  | AZ AZ             | 85008                       |
|                                  | CITY ▲   | STATE ▲           | ZIP CODE ▲                  |
| Name of Bank, [                  | epository, etc.  |                   |                             |
|                                  |  |                   |                             |
| Mailing Address                  |  |                   |                             |
|                                  |  |                   |                             |
|                                  |  |                   |                             |
|                                  | CITY ▲   | STATE ▲           | ZIP CODE ▲                  |

| Paga | of | 10 |  |
|------|----|----|--|
| Page | OT |    |  |

| 1<br>2<br>3<br>4 |                 |                   |             |              |         |  |   |
|------------------|-----------------|-------------------|-------------|--------------|---------|--|---|
| 3.               |                 |                   |             | FEC ID       | number  | С  | _ |
|                  |                 |                   |             | FEC ID       | number  | C  | Ξ |
|                  |                 |                   |             | FEC ID       | number  | C  |   |
|                  |                 |                   |             | <br>  FEC ID | number  | С  |   |
|                  |                 |                   |             |              |         |  | _ |
|                  | _               | _                 |             |              |         | e, or Leadership PAC Spo<br>TION AND EDUCATION |   |
|                  |                 |                   |             |              |         |  |   |
|                  |                 |                   |             |              |         |  |   |
| Maili            | ing Address     | 1750 New York Ave | • <b>NW</b> |              |         |  |   |
|                  |                 |                   |             |              |         |  |   |
|                  |                 | Washington        |             | I            | DC      | 20006  | ı |
| Rela             | ationship:      |                   | CITY A      |              | STATE A | ZIP CODE ▲                                     |   |
| Full Na          | ame             |                   |             |              |         |  |   |
| Mailing          | g Address       |                   |             |              |         |  |   |
|                  |                 |                   |             |              |         |  |   |
|                  |                 |                   |             |              |         |  |   |
| TITLE            | E OR POSITION 1 | ▼                 | CITY A      | ;            | STATE A | ZIP CODE ▲                                     |   |
|                  |                 |                   |             |              |         |  |   |

|      |    | 10 |  |
|------|----|----|--|
| Page | of | 10 |  |

|              | _                                  | ated Committee, Joi | FEC FEC FEC  | -  | _  | C Spons  |
|--------------|------------------------------------|---------------------|--|--|--|--|
| Address      | 6320 Manchester Suite 42A          | FIRE FIGHTERS, L    | FEC FEC  | ID number ID number epresentative  | C C  | C Spons  |
| Address      | 6320 Manchester Suite 42A          | FIRE FIGHTERS, L    | FEC  | ID number  | C e, or Leadership PAG   | C Spons  |
| Address      | 6320 Manchester Suite 42A          | FIRE FIGHTERS, L    | nt Fundraising R   | epresentative  | e, or Leadership PAG   | C Spons  |
| Address      | 6320 Manchester Suite 42A          | FIRE FIGHTERS, L    | _  | -  | _  | C Spons  |
| Address      | 6320 Manchester Suite 42A          |                     | LOCAL 42 POLI  | HICAL ACTI   |  |  |
| ship:        | Suite 42A                          | Ave.                |  |  |  |  |
| ship:        | Suite 42A                          | Ave.                |  |  |  |  |
| -            |                                    |                     | 1  |  |  |  |
| -            | Kansas City                        |                     | 1  |  |  |  |
| -            |                                    |                     |  | MO   | 64133  | -  , ,   |
| Connected    |                                    | CITY A              |  | STATE A  | ZIP COI  | DE 🛦   |
|              |                                    |                     |  |  |  |  |
| dress        |                                    |                     |  |  |  |  |
|              |                                    |                     |  |  |  |  |
|              |                                    |                     |  |  |  |  |
| R POSITION \ | 7                                  | CITY A              |  | STATE ▲  | ZIP CODI   | E 🛦  |
|              |                                    |                     | Telephone  | Number   |  | - 📖  |
|              | dress  R POSITION   er Depositorie | dress               | dress CITY ▲  POSITION ▼  CITY ▲  Per Depositories: List all banks or other depositories boxes or maintains funds. | CITY ▲  CITY ▲  Telephone  er Depositories: List all banks or other depositories in which the comboxes or maintains funds. | dress  CITY ▲ STATE ▲  POSITION ▼  Telephone Number  er Depositories: List all banks or other depositories in which the committee deposite boxes or maintains funds. | dress  CITY ▲ STATE ▲ ZIP CODE  Telephone Number — — — — — — — — — — — — — — — — — — — |

| Paga | of | 10 |  |
|------|----|----|--|
| Page | OT |    |  |

| 1        |                    |                      |  |                   |            |                            |
|----------|--------------------|----------------------|--|-------------------|------------|----------------------------|
| 1. 🖳     |                    |                      |  | FEC ID            | number     | C                          |
| 2. 🔟     |                    |                      |  | FEC ID            | number     | C                          |
| 3.       |                    |                      |  | FEC ID            | number     | C                          |
| 4.       |                    |                      |  | <br>  FEC ID      | number     | С                          |
| lame of  | Any Connected      | Organization, Affili | iated Committee, Joint                       | Fundraising Rep   | esentative | e, or Leadership PAC Spone |
|          | -                  |                      |  | • .               |            | ATION OF FIRE FIGHTE       |
|          |                    |                      |  |                   |            |                            |
| Mail     | ing Address        | 1907 FREEMAN         | STREET                                       |                   |            |                            |
|          |                    |                      |  |                   |            |                            |
|          |                    | HOUSTON              |  |                   | L TX       | 77009                      |
| Rela     | ationship:         |                      | CITY A                                       |                   | STATE A    | ZIP CODE ▲                 |
| esignate |                    |                      | Affiliated Committee  (phone number – option | Joint Fundraising | Representa | tive Leadership PAC Sp     |
| esignate | ed Agent: Identify |                      |  |                   | Representa | tive Leadership PAC Sp     |
| Full N   | ed Agent: Identify |                      |  |                   | Representa | Leadership PAC Sp          |
| Full N   | ed Agent: Identify |                      |  |                   | Representa | Leadership PAC Sp          |
| Full N   | ed Agent: Identify |                      |  |                   | Representa | Leadership PAC Sp          |
| Full N   | ed Agent: Identify | by name, address     |  | nal)              | Representa | Leadership PAC Sp          |

| Paga | of <sup>10</sup> |  |
|------|------------------|--|
| Page | OT '             |  |

| (h). <b>Joint Fundraisi</b>  | ng rantcipant.   |  |   |
|--|--|--|---|
| 1.   |  | FEC ID number  | С   |
| 2.   |  | FEC ID number  | С   |
| 3.   |  | FEC ID number  | С   |
| 4.   |  | FEC ID number  | С   |
| lame of Any Connected  | l Organization, Affiliated Committee, Joint F  | undraising Representativ                             | re or Leadershin PAC Snons                  |
| _  | E FIGHTERS, LOCAL 1403 PAC   |  | o, or Educationip FAC oponio                |
|  |  |  |   |
| Mailing Address  | 8000 NW 21 STREET  |  |   |
|  | SUITE 222  |  |   |
|  | MIAMI<br>  | FL L   | 33122                                       |
| Relationship:  | CITY ▲   | STATE A  | ZIP CODE ▲                                  |
|  | ed Organization X Affiliated Committee  fy by name, address (phone number – optional   | Joint Fundraising Represent                          | Leadership PAC Spo                          |
|  |  |  | Leadership PAC Spo                          |
| esignated Agent: Identi  |  |  | Leadership PAC Spo                          |
| Pesignated Agent: Identi   |  |  | Leadership PAC Spo                          |
| Pesignated Agent: Identi   |  |  | Leadership PAC Spo                          |
| Pesignated Agent: Identi   | fy by name, address (phone number – optiona  |  | Leadership PAC Spo                          |
| Pesignated Agent: Identi<br>Full Name<br>Mailing Address   | fy by name, address (phone number – optiona  | NI)  |   |
| Full Name Mailing Address  | fy by name, address (phone number – optional control of the contro | STATE A Telephone Number                             | ZIP CODE A  ts funds, holds accounts, rents |
| Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or make the property of the propert | fy by name, address (phone number – optional control of the contro | STATE A  Telephone Number  hich the committee deposi | ZIP CODE A  ts funds, holds accounts, rents |

|      | _  | 10 |  |
|------|----|----|--|
| Page | of |    |  |

| 1                        |                    | Participant:     |                        |                 |             |                            |
|--------------------------|--------------------|------------------|------------------------|-----------------|-------------|----------------------------|
| 1                        |                    |                  |                        | FEC ID          | number      | C                          |
| 2                        |                    |                  |                        | FEC ID          | number      | С                          |
| 3.                       |                    |                  |                        | FEC ID          | number      | C                          |
| 4.                       |                    |                  |                        | FEC ID          | number      | C                          |
|                          |                    |                  |                        |                 |             |                            |
|                          | -                  | _                | ated Committee, Joint  | Fundraising Rep | resentative | e, or Leadership PAC Spons |
| MIAM                     | II FIREPAC-IAFF    | LOCAL 587        |                        |                 |             |                            |
|                          |                    |                  |                        |                 |             |                            |
| Ma                       | iling Address      | 2980 N W SOUTH   | H RIVER DRIVE          |                 | 1 1 1       |                            |
|                          |                    |                  |                        |                 |             |                            |
|                          |                    | MIAMI            |                        |                 | FL          | 33125                      |
| Rel                      | ationship:         |                  | CITY A                 |                 | STATE A     | ZIP CODE ▲                 |
| esignat                  | ed Agent: Identify | by name, address | (phone number – option | al)             |             |                            |
| <b>esignat</b><br>Full N |                    | by name, address | (phone number – option | al)             |             |                            |
| Full N                   |                    | by name, address | (phone number – option | al)             |             |                            |
| Full N                   | Name               | by name, address | (phone number – option | al)             |             |                            |
| Full N                   | Name               | by name, address | (phone number – option | al)             |             |                            |
| Full N                   | Name               |                  | (phone number – option |                 | STATE A     | ZIP CODE A                 |

| Paga | of | 10 |  |
|------|----|----|--|
| Page | OI |    |  |

| 1                            |                    |                  |  | FEC ID             | number     | С                          |
|------------------------------|--------------------|------------------|--|--------------------|------------|----------------------------|
| 2                            |                    |                  |  | FEC ID             | number     | C                          |
| 3.                           |                    |                  |  | FEC ID             | number     | С                          |
| 4.                           |                    |                  |  | FEC ID             | number     | С                          |
|                              | •                  |                  | ated Committee, Joint                        | • .                |            | e, or Leadership PAC Spons |
|                              |                    |                  |  |                    |            |                            |
|                              |                    |                  |  |                    |            |                            |
| Mai                          | iling Address      | 204-208 EAST 23  | BRD STREET                                   |                    |            |                            |
|                              |                    |                  |  |                    |            |                            |
|                              |                    | NEW YORK         |  | , , , , <b>,</b> , | NY         | 10010                      |
| Б.1                          | ationship:         |                  | CITY A                                       |                    | STATE A    | ZIP CODE ▲                 |
|                              |                    |                  | Affiliated Committee  (phone number – option | Joint Fundraising  | Representa | ative Leadership PAC Sp    |
|                              | ed Agent: Identify |                  |  |                    | Representa | Leadership PAC Sp          |
| <b>esignat</b><br>Full N     | ed Agent: Identify |                  |  |                    | Representa | Leadership PAC Sp          |
| esignate                     | ed Agent: Identify |                  |  |                    | Representa | Leadership PAC Sp          |
| esignate                     | ed Agent: Identify |                  |  |                    | Representa | Leadership PAC Sp          |
| esignate<br>Full N<br>Mailin | ed Agent: Identify | by name, address |  | nal)               | Representa | Leadership PAC Sp          |