Only

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STATEMENT OF **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. Our Voice Our Vote Arizona PAC 1241 E Washington St ADDRESS (number and street) Suite 103 (Check if address is changed) Phoenix 85034 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jorge@tmwcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2022 C00752576 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. Johnson, Ryan, , , Type or Print Name of Treasurer Johnson, Ryan, , , [Electronically Filed] 02 2023 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:				
	date 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 information below.)	he candidate			
	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				
	rty Committee:				
	(Mational, State (Democrati	ic, n, etc.) Party			
	Political Action Committee (PAC):				
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:			
	Corporation Corporation w/o Capital Stock Labor (Organization			
	Membership Organization Trade Association Cooper	ative			
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 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.)				
	(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 F	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 political 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Committees Participating in Joint Fundraiser				
	1. C				

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٧	Vrite or Type Committee Name				
	Our Voice Our	Vote Arizona PAC			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE				
	Mailing Address				
		CITY ▲ STA	ATE A	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Rep	presentative	Leadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Johnson, R	/an, , ,			
	Full Name				
	Mailing Address	1241 E Washington St			
		Suite 103			
		Phoenix	AZ 85034	- -	
		CITY ▲ STA	ATE 🛦	ZIP CODE ▲	
	Title or Position ▼		·-		
	Treasurer	Telephone number			
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 Johnson, R	/an, , ,			
	of Treasurer	4044 5 West in the 20			
	Mailing Address	1241 E Washington St			
		Suite 103			
		Phoenix	AZ 85034		
		CITY ▲ STA	ATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	Treasurer	Telephone number			

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Full Name of Designated Agent	Hernandez, Karen, , ,				
Mailing Address	1241 E Washington St				
	Suite 103				
	Phoenix	AZ 85034			
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲			
Chairwoman		hone number			
	Depositories: List all banks or other depositories in which the xes or maintains funds.	committee deposits funds, holds accounts, rents			
Name of Bank, D	epository, etc.				
	Wells Fargo				
Mailing Address	3002 N Central Ave				
	Phoenix	AZ 85012			
	CITY ▲	STATE ▲ ZIP CODE ▲			
Name of Bank, Depository, etc.					
	<u> </u>				
Mailing Address					
	CITY ▲	STATE ▲ ZIP CODE ▲			