Only

STATEMENT OF

PAGE 1 / 9 =

FORM 1		OR	GAN	IZA	TIO	N												
									4			(Office	Use (Only			
NAME OF COMMITTEE (in	n full)		ck if name anged)	e		ple:If t the line	yping, 1 es.	type	1	2FI	Ξ 4 Μ	I5	-	-				
Gallego For	Arizona)																
												ı						Ш
ADDRESS (number a	d stusst	PO Box 1710)	1 1	1 1						1 1	1	1 1	1				. 1
(Check if	,																	
is change		Discouries																
		Phoenix CITY	<u> </u>						 S	AZ TATE	_ _ _	88	5001 	<u> </u>	 ZIP (CODE		
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if is change		janica@pcm	nsllc.com	1 1				1 1	1 1					ı				ιТ
is change.	u)	Optional Sec	ond E-Ma	ail Addre	ess													
COMMITTEE'S WEE	R PAGE ADI	DRESS (URL)																
(Check if	address	www.Gallego	ForArizona	a.com														. 1
is change	d)																	ш
2. DATE 0	3 / D	D / Y Y 202	4															
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C00	558627													
4. IS THIS STATE	MENT	NEW (N)	0	R	×	AM	ENDEI	O (A)										
I certify that I have	examined th	is Statement a	nd to the	best of	my kr	owledg	je and	belief	it is t	rue, (corre	ct an	id co	mple	te.			
Type or Print Name	of Treasurer	Herrera, Roy	/, , ,															
Signature of Treasure	er Herre	ra, Roy, , ,							Da	te	M ()4	/	16	1		024	Y
NOTE: Submission of	false, errone	ous, or incomp						-					e per	nalties	of 5	52 U.S	.C. §	30109.
Office Use						ederal E	er infor Election (800-424	Commis		ct:						RM 5/2012)		

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 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 information below.)	candidate
	Name of Candidate Gallego, Ruben, , ,	
	Candidate Party Affiliation Office Sought: House Senate President	State AZ District 00
	(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 Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	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 committee. (i.e., nonconnected committee)	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 PA	C).
	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		
	Gallego For Ariz	ona	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
	SWALLEGO VICTOR	RY FUND	
	Mailing Address	PO BOX 65322	
		WASHINGTON DC 20035	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	_		
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posses	sion of committee
	Kyriacopou	ılos, Janica, , ,	
	Full Name		
	Mailing Address	PO Box 65322	
		1	
		Washington DC 20035	[_]
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Asst. Treasurer	Telephone number	628 - 1580
3.	Treasurer: List the name and any designated agent (e.g., a Full Name Herrera, Ro of Treasurer		name and address of
	or freasurer	PO Poy 1710	
	Mailing Address	PO Box 1710	
		Phoenix AZ 85001	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		239 - 8814

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Addres	s [
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Positio	n ▼	
	Telephone number	
safety deposit	er Depositories: List all banks or other depositories in which the committee deposits to boxes or maintains funds. Depository, etc.	funds, holds accounts, rents
	⊥Wells Fargo	
Mailing Addres	s [100 W. Washington St.	
	Phoenix AZ	85003
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank	Depository, etc.	
	Bank of America	
Mailing Addres	s 1801 K St NW	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲

Paga	of ⁹
Page	OT T

	aising Participant:				
1.			FEC ID n	umber	С
2.			FEC ID n	umber	C
3.			FEC ID n	umber	С
4.			FEC ID n	umber	С
			,		
Name of Any Connec	cted Organization, A	ffiliated Committee, Joint Fu	ndraising Repre	sentative	e, or Leadership PAC Spons
GALLEGO VICTO	ORY FUND				
Mailing Address	PO BOX 6532	2			
	WASHINGTO	N		DC I	20035
Relationship:					
neialionship.		CITY A	5	TATE A	ZIP CODE ▲
Designated Agent: Ide	entify by name, addre	ess (phone number - optional)		
Designated Agent: Id	entify by name, addre	ess (phone number – optional)		
	entify by name, addre	ess (phone number – optional			
Full Name	entify by name, addre	ess (phone number – optional			
Full Name	entify by name, addre	ess (phone number – optional			
Full Name				ATF A	ZIP CODE A
Full Name		ess (phone number – optional		ATE A	ZIP CODE A

Page	of ⁹	
rage	OI	

(h). Joint Fundraising	g Participant:		
1		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Sponsor
GALLEGO ALLRED V	/ICTORY FUND		
Mailing Address	611 PENNSYLVANIA AVE SE		
	#143		
	WASHINGTON, DC	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	I Organization	Joint Fundraising Represent	ative Leadership PAC Sponse
Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE A
TITLE OR POSITION	CITY A	STATE ▲ Telephone Number	ZIP CODE A

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

Page ___ **of** 9___

1.				
I		FEC	ID number	С
2.		FEC	ID number	C
3.		FEC	ID number	С
4.		FEC	ID number	С
Name of Any Connec	ted Organization, Affiliated Committee	, Joint Fundraising F	Representativ	e, or Leadership PAC Spons
SERVE AMERICA	VICTORY FUND			
Mailing Address	PO BOX 2013			
	SALEM		MA	01970
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Accionated Acont: Ido	ntify by name, address (phone number	- ontional)		
Designated Agent: Ide	ntify by name, address (phone number	– optional)		
	ntify by name, address (phone number	— optional)		
Full Name	ntify by name, address (phone number	- optional)		
Full Name	ntify by name, address (phone number	- optional)		
Full Name	CITY	- optional)	STATE A	ZIP CODE A
Full Name	CITY	- optional) Telephone		ZIP CODE A

	0
Page	of ⁹

(h). Joint Fundraising	Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connected C	Organization, Affiliated C	ommittee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
2024 GREEN SENATI	Ε			
Mailing Address	120 MARYLAND AVE NE	<u>:</u> 		
	WASHINGTON		DC	20002
Relationship:	C	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated	d Committee X Joi	nt Fundraising Represent	ative Leadership PAC Spons
Full Name				
Mailing Address				
TITLE OR POSITION	▼ CIT	ΓΥ 🛦	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	▼ Cr	ı	STATE ▲ Telephone Number	ZIP CODE ▲

Dogo	of ⁹	
Page	OT ~	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Ful	ndraising Representative	e, or Leadership PAC Spon
BLUE SENATE 202	4 		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON DC	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
			LeaderShip FAC 5
esignated Agent: Ident			LeaderShip FAC 5
esignated Agent: Ident			LeaderShip FAC 5
esignated Agent: Ident			LeaderShip FAC 5
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or necessarily and the second	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A