

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Amended 7/7/10

SECRETARY OF THE SENATE

10 JUL 20 PM 1:44

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐ (Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

DOUGHERTY SENATE CAMPAIGN COMMITTEE

ADDRESS (number and street)

P.O. BOX 1190

☐ (Check if address  
is changed)

PHOENIX

AZ

85011-1190

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address  
is changed)

DOUGHERTYFORSENATE@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address  
is changed)

www.johndougherty2010.com

2. DATE

07/07/2010

3. FEC IDENTIFICATION NUMBER

C00482588

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

DR. JODHA KHALSA

Signature of Treasurer

Jodha Khalsa

Date

07/14/2010

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

10020553950

## 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

JOHN DOUGHERTY

Candidate Party Affiliation

DEM

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:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> 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. | <input type="checkbox"/> | FEC ID number | C |
| 2. | <input type="checkbox"/> | FEC ID number | C |
| 3. | <input type="checkbox"/> | FEC ID number | C |
| 4. | <input type="checkbox"/> | FEC ID number | C |

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Write or Type Committee Name

DOUGHERTY FOR SENATE CAMPAIGN COMMITTEE

## 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

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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  
of Treasurer

DR JODHA KHALSA

Mailing Address

3200 N CENTRAL AVE STE 1150

PHOENIX

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

602-407-2800

10020553952

Full Name of  
Designated  
Agent

JOHN DOUGHERTY

Mailing Address

PO BOX 21910

PHOENIX

CITY

AZ

STATE

85011-

ZIP CODE

Title or Position

CANDIDATE

Telephone number

602-211-9433

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.

WELLS FARGO

Mailing Address

PO BOX 2908

PHOENIX

CITY

AZ

STATE

85062-2908

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020553953

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To Secretary of the Senate

PO Box 2517

Alexandria, VA

ATTN: ofc of Public Records  
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22361-0517

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# United States Senate

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OFFICE OF PUBLIC RECORDS

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PREPARER **RD** DATE PREPARED **07-20-10**

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10020553956

