STATEMENT OF

PAGE 1 / 4

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. Weisser 4 Congress 2016 4490 sundown drive ADDRESS (number and street) (Check if address is changed) golden valley 86413 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mikelweisser@gmail.com (Check if address is changed) Optional Second E-Mail Address mikelweisser@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.mikelweisser.org/ (Check if address is changed) DATE 2016 C00605741 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. ms betrh laureen weisser Type or Print Name of Treasurer ms betrh laureen weisser [Electronically Filed] 01 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FF/ | 2 Form 1 (Poviced 02/2000) | Page 2 |
|---------------------|--|--|
| | C Form 1 (Revised 02/2009) OF COMMITTEE | Page 2 |
| | date Committee: | |
| (a) | X 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. (Cominformation below.) | nplete the candidate |
| Name o Candida | | |
| Candida Party Af | DEM Simos | State AZ District 04 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candida | | |
| Party (| Committee: | (Dama aratia |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Politic | al Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected 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 se committee. (i.e., nonconnected committee) | egregated 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.) | |
| Joint F | undraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to | wo or more political |
| (h) | 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. | vo or more political |
| (| Committees Participating in Joint Fundraiser | |
| | L L L L L L L L L L L L L L L L L L L | |
| | | |
| 2 | 2. FEC ID number | |
| 3 | B. | |
| 4 | i. FEC ID number C | |

| FEC Form 1 (Re | ovised 02/2009) | Page 3 |
|---|---|-------------------------------------|
| Write or Type Committee | | Tage 🗸 |
| | congress 2016 | |
| | ected Organization, Affiliated Committee, Joint Fundraising Representati | ve, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Cor | nnected Organization Affiliated Committee Joint Fundraising Represe | entative Leadership PAC Sponsor |
| . Custodian of Record books and records. | s: Identify by name, address (phone number optional) and position of the | e person in possession of committee |
| I | betrh laureen weisser | |
| Full Name | 4490 sundown dr. | |
| Mailing Address | | |
| | golden valley | 86413 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| treasurer | Telephone number | 928 |
| Treasurer: List the nate any designated agent | me and address (phone number optional) of the treasurer of the committ (e.g., assistant treasurer). | ee; and the name and address of |
| Full Name ms I | betrh laureen weisser | |
| of Treasurer | 14400 gundour dr | |
| Mailing Address | 4490 sundown dr. | |
| | | |
| | golden valley AZ | 86413 |
| Title or Position treasurer | CITY STATE Telephone number | ZIP CODE 928 - 530 - 5995 |
| | | |

| FEC FOI | rm 1 (Revised 02/2009) | Page 4 |
|---|---|---------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | 5 | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit b | er Depositories: List all banks or other depositories in which the committee deposits funds, looxes or maintains funds. | |
| safety deposit b | boxes or maintains funds. Depository, etc. Wells fargo | |
| safety deposit t Name of Bank, | boxes or maintains funds. Depository, etc. Wells fargo | |
| safety deposit t Name of Bank, | boxes or maintains funds. Depository, etc. Wells fargo | 13 |
| safety deposit t Name of Bank, | Depository, etc. Wells fargo 330 e beale | 13 |
| safety deposit to Name of Bank, Mailing Address | boxes or maintains funds. Depository, etc. Wells fargo 330 e beale kingman AZ 864 | |
| safety deposit to Name of Bank, Mailing Address | boxes or maintains funds. Depository, etc. Wells fargo s AZ 864 CITY STATE | |
| safety deposit to Name of Bank, Mailing Address | boxes or maintains funds. Depository, etc. Wells fargo s AZ 864 CITY STATE | |
| safety deposit to Name of Bank, Mailing Address | boxes or maintains funds. Depository, etc. Wells fargo Salar beale Kingman CITY STATE Depository, etc. | |
| safety deposit to Name of Bank, Mailing Address Name of Bank, | boxes or maintains funds. Depository, etc. Wells fargo Salar beale Kingman CITY STATE Depository, etc. | |
| safety deposit to Name of Bank, Mailing Address Name of Bank, | boxes or maintains funds. Depository, etc. Wells fargo Salar beale Kingman CITY STATE Depository, etc. | |