FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru		Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	e Example: If typying, type over the lines	12FE4M5
JD Hayworth F	For Congress		
ADDRESS (number and	14300 N. Northsi	ght Blvd., #105	
(Check if addr is changed)	Scottsdale		AZ 85260 _
COMMITTEE'S E-MA	L ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 530-934-5776	IUMBER		
2. DATE 0.8	1 0 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00287987	
4. IS THIS STATEM	ENT X NEW (N) O	R AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer Kelly Lawler		
Signature of Treasurer	Electronically Filed by Kelly L	awler	Date 08 / DD / Y Y Y Y Y
NOTE: Submission of fa		may subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(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 ca information below.)	ndidate
	Name of JD Hayworth Candidate	
	Candidate Party Affiliation REP Office Sought: X House Senate President	State AZ District 5
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, ublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	ROMP IV 2006	
L	OOO O. Washington Chast Onits 44	
	Mailing Address 228 S. Washington Street, Suite 11	
	Alexandria VA 223	14
	CITY≜ STATE ▲ Z	IP CODE A
	Relationship Joint Fundraising Rep	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizatio	n
	Membership Organization Trade Association Cooperative	

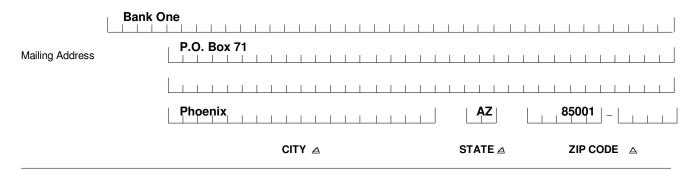
FEC Form 1 (Revised 02/2003)	Page 3
Write or Type Committee Name	
JD Hayworth For Congress	
 Custodian of Records: Identify by name, address, (phone number optional), and positi possession of Committee books and records. 	ion of the person in
Full Name Kelly Lawler	
Mailing Address P.O. Box 984	
Willows CA	95988
Title or Position ♥ CITY A STATE	ZIP CODE A
Treasurer Telephone number	530 934 5823
Full Name of Treasurer Mailing Address P.O. Box 984	
Willows CA	95988
Title or Position ♥ CITY ▲ STATE	ZIP CODE A
Treasurer Telephone number	530 934 5823
Full Name of Designated Agent Kelly Lawler	
Mailing Address P.O. Box 984	
Mailing Address P.O. Box 984 Willows CA	95988 _

FFC	Form 1	(Revised 02/2003)

Page 4

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.



FEC Form 1 (Revised 1/	2001)	Page 5 / 12
Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	ds accounts, rents
BB&T Mailing Address	1909 K Street, NW	
	Washington DC	

STATE ∠

ZIP CODE △

CITY 🗷

.]
1

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ▼	CITY A Tel	STATE ▲ ZIP CODE ▲ lephone number

FEC Form 1 (Revised 1/	(2001)		Page 7 / 12
Banks or Other Depositories safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	deposits funds,	holds accounts, rents
Compa	ass Bank		
Mailing Address	23305 North Pima Road		
	Scottsdale	AZ	85255
	CITY △	STATE △	ZIP CODE 🛕
	ganization or Affiliated Committee		[ADDITIONAL]
BOMP - Bowling for Our	Majorit		
Mailing Address	PO Box 40366		
	Washington	DC	20016
	CITY▲	STATE A	ZIP CODE 🛦

Type of Connected Organization:

Relationship

Joint Fundraising Rep

Corporation	Corporation w/o Capital Stock	Labor Organization

χ Membership Organization		Trade Association		Cooperative
---------------------------	--	-------------------	--	-------------

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ▼	CITY A Tel	STATE ▲ ZIP CODE ▲ lephone number

Membership Organization

FEC Form 1 (Revis	ed 1/2001)		Page 9 / 12
Banks or Other Deposite safety deposit boxes or ma Name of Bank, Depository	aintains funds.		accounts, rents ADDITIONAL]
Jol Mailing Address	nnson Bank 8700 East Pinnacle Peak		
J			
	Scottsdale	AZ	85255
	CITY △	STATE △	ZIP CODE △
Name of Any Connecte	d Organization or Affiliated Committee		ADDITIONAL]
Mailing Address			
	CITY▲	STATE A	ZIP CODE
Relationship			
Type of Connected Organ	nization:		
Corporation	Corporation w/o Capital Stock	Labor Orga	enization

Trade Association

Cooperative

Designated Agent		[ADDITIONAL]	
Full Name			
-			_
Title or Position ▼	CITY A Te	STATE A ZIP CODE A elephone number = =	

Type of Connected Organization:

Membership Organization

Corporation

FEC Form 1 (Revised	1 1/2001)		Page 11 / 12
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	tains funds.	deposits fund	s, holds accounts, rents
name of bank, Depository, e	etC.		
Wacl	hovia Bank		
Mailing Address	7901 Wisconsin Avenue		
	Betheseda	MD	20814
	CITY 🛆	STATE 🛆	ZIP CODE 🛕
Name of Any Connected (Organization or Affiliated Committee		[ADDITIONAL]
Name of Any Connected (Organization or Affiliated Committee	1 1 1 1 1	[ADDITIONAL]
Name of Any Connected (Organization or Affiliated Committee		[ADDITIONAL]
Name of Any Connected (Organization or Affiliated Committee		[ADDITIONAL]
	Organization or Affiliated Committee		[ADDITIONAL]
	Organization or Affiliated Committee		[ADDITIONAL]

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent	İ					[ADDITIONAL]
Full Name						
Mailing Address						
Title or Position ▼			CITY A		—— —— —— STATE▲	ZIP CODE A