13031020152

FEC FORM 1

STATEMENT OF ORGANIZATION

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				Office Use Only					
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	the state of the s					
FEARLESS PAC			<u> </u>	<u> </u>					
ADDRESS (number and street)	1919 14th Street	11111111	<u> </u>						
Check if address is changed) Suite 707 Boulder CO 80302									
		CITY	STATE	ZIP CODE					
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one	e-mail address)							
(Check if address	fearlesspac@gma	ail.com							
is changed)									
COMMITTEE'S WEB PAGE AD	DRESS (URL)								
(Check if address is changed)									
2. DATE 01 15	2013								
3. FEC IDENTIFICATION N		ngan sega mangamangan ngangan ngangan Ngangan ngangan nganga							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)							
I certify that I have examined to	his Statement and to the bes	st of my knowledge and belief i	t is true, correc	ct and complete.					
Type or Print Name of Treasure	Amy Pritchard								
Signature of Treasurer	amys Pla	itoha (Date 01	15 2013					
NOTE: Submission of false, erron	•	n may subject the person signing		o the penalties of 2 U.S.C. §437g.					
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)					

This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Trade Association

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party

Corporation w/o Capital Stock

Page 2

Labor Organization

Cooperative

Joint Fundraising Representative:

Corporation

Membership Organization

committee. (i.e., nonconnected committee)

FEC Form 1 (Revised 02/2009)

(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, at least one of which is an authorized committee of a federal candidate.
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In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

In addition, this committee is a Lobbyist/Registrant PAC.

(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

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2.						1				j	1		1					FEC) II) pun	nber C
3.	L						1		 1		 1					1	1	FEC	C II	D nun	nber C
4.	L	1	1	1			1					L					l	 FEC) (0) num	nber C

(e)

(f)

FEC Form 1 (Revised 0)	2/2009)	Page 3
Write or Type Committee Name		
FEARLESS PA	3	
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Jared Polis		
		<u> </u>
	, PO, Box 3,7 , , , , , , , , , , , , , , , , , ,	
Mailing Address		
	Blouilder	0306 -
Relationship: Connected		Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Sally C	hafee , , , , , , , , , , , , , , , , , ,	
Mailing Address	PO.Box, 37	
	Boulder CO 8	0306 - -
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	- - -
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and to sistant treasurer).	he name and address of
Full Name of Treasurer Amy Pri	tchard _{. ; ; ; ; ; ; ; ; ;}	
Mailing Address	PO Box 37:	
	<u> </u>	
	Boulder CO E	30306 -
Title or Position	Telephone number	-

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	Full Name of Designated Sall Agent	y Chafee		
	Mailing Address	[PO ₁ Box ₁ 37		
			1 1 1 1 1 1	
		Boulder CITY	CO STATE	ZIP CODE
	Title or Position Assistant Treasu	Jrer , , , , , , , , , , , , , , , , , ,	phone number	
9.	Banks or Other Deposi safety deposit boxes or I Name of Bank, Deposito		ne committee deposits f	runds, holds accounts, rents
	Firs	tBank, , , , , , , , , , , , , , , , , , ,	<u> </u>	
	Mailing Address	2323 East Arapahpe Road		
		[Centennial	L CO	80122
		CITY	STATE	ZIP CODE
	Name of Bank, Deposito	ory, etc.		
			<u> </u>	
	Mailing Address		1 1 1 1 1 1 1	
		L		
		CITY	STATE	ZIP CODE

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Other (Specify):	Date of Receipt or Postmarked
Amis	1/24/13
PREPARER (3/2005)	DATE PREPARED
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