## 11030691197

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED
2011 NOW 18 AM 11: 21

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5EC	MAIL CENTER	
COMMITTEE	TIQ ELEGTIT	1, S, H, A, , C, A, S, 1, 1	7A 1710 161	angress.	
ADDRESS (number and street)	190. BOX 114	7.1			
(Check if address is changed)					
io diangou,	PUEBLA		$GO B_L$	1,002-1471	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-r	nail address)			
(Check if address	GONTACTOCAS 110A201201COM				
is changed)					
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address	WWW.CASIID	4201201010M			
is changed)	<u> </u>		<del></del>		
2. DATE 7 7 0 7 2 0 1 1					
3. FEC IDENTIFICATION NUMBER CH2COV3146					
4. IS THIS STATEMENT K 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 G GREGORY HAVENS					
Signature of Treasurer	Logory	Havens	Date / /	io'àòii	
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 of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

5.

FEC FC	rm 1 (Revised 02/2009)		Page 2	
	COMMITTEE			
Candidate	e Committee:			
(a) X	This committee is a principal campaig	gn committee. (Complete the candidate information below	v.)	
(b)	This committee is an authorized com information below.)	mittee, and is NOT a principal campaign committee. (Co	mplete the candidate	
Name of Candidate				
Candidate	ion IND Office	<b>\</b>	State CO	
Party Affiliat	ion INV Sought:	X House Senate President	District 03	
(c)	This committee supports/opposes onl	ly one candidate, and is NOT an authorized committee.		
Name of Candidate				
Party Cor	nmittee:		_	
(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political A	Action Committee (PAC):			
(e)	This committee is a separate segrega	ated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:	
	Corporation	Corporation w/o Capital Stock	Labor Organization	
	Membership Organization	Trade Association	Cooperative	
	In addition, this commi	ittee is a Lobbyist/Registraot PAC.		
(f)	This committee supports/opposes mocommittee. (i.e., nonconnected commi	ore than one Federal candidate, and is NOT a separate ittee)	segregated fund or party	
	In addition, this committee ts a	Lobbyist/Registrant PAC.		
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	draising Representative:			
(g)		pays fundraising expenses and disburses net proceeds for a ef which is an authorized committee of a federal candidate		
(h)		pays fundraising expenses and disburses net proceeds for ich is an authorized committee of a federal candidate.	two or more political	
Con	nmittees Participating in Joint Fund	raiser		
1.				
2.				
3.				
4.	1	FEC ID number C		

FEC Form 1 (Revised		Page 3
Write or Type Committee Na	me	
O Name of Any Commontate	Overviewing Affiliated Committee Leint Fundamien Personantation and	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Mailing Address		
•		
		1-1
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
rolationship.	The distribution of the contract of the contra	Loudership I No opensor
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	lentify by name, address (phone number optional) and position of the person	in possession of committee
Full Name	REGORY HAVENS	<u> </u>
Mailing Address	2,8,9, w,A,L,N,U,T,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
-		
	WEST DES MOINES 1	50,2,69-
Title or Position	CITY STATE	ZIP CODE
TIRIE AIS URE	Telephone number 5,1,5	]-[6,6,1]-[9,9,14
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and ., assistant treasurer).	the name and address of
Full Name of Treasurer G 16	REGORYHAVENS	
Mailing Address	2809 WALNUT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	WIEST DES MIDINES 1	0265-
Title or Position	CITY STATE	ZIP CODE
TIRIEIAISI URE	Telephone number	<u> -                                    </u>

9.

Full Name of Designated Agent	1 <sub>1</sub> A <sub>1</sub> , C,A <sub>1</sub> S, 1,D,A, , , , , , , ,		
Mailing Address	PO: 18:01X11/471	1 1 1 1 1 1 1 1	
		· · · · · · · · · · · · · · · · · · ·	
	PUEBLO	111	8/10/02-1471
	CITY	STATE	ZIP CODE
Title or Position $ A_1S_1T_1   T_1R_1E_1A_1S_1 $	VRIERI I I I I I	Telephone number 7	1.91-1252-117.63
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.			
[C,0,1,	ORADO BANKI FITR	U.S.T	
Mailing Address	3,0,1, ,C,0,L,0,R,A,D,0, ,A,	$V_1E_1$	
	LA JUNITA	<u> </u>	811050-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
$ T_{1}C_{1}F_{1} $	BANK	1 1 1 1 1 1 1 1 1 1	
Mailing Address	3290, CENTENNIA	- BLUR .	
¥1			
	[C 0,L 0,R A 0,0, SPR1,N	65 CO	80907-
	CITY	STATE	ZIP CODE

Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  The FEC added this page to the end of this filing to indicate how it was received.		
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USPS Express Mail	Postmarked,	
<u> </u>	11/15/11	
Postmark Illegible		
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Overnight Delivery Service (Specify):	Shipping Date	
Next I	Business Day Delivery	
Received from House Records & Registration Office	Date of Receipt ce	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	ate of Receipt or Postmarked	
En	11/18/n	
(3/2005)	DATE PREPARED	
•	·	