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FEC FORM 1

STATEMENT OF ORGANIZATION

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					<u> </u>
NAME OF COMMITTEE (in full)		Check if name s changed)	Example: If typing, type over the lines.	12FE4M5	
Vita Inglinata Technologies,	Incorpor	ated Political Ac	tion Committee		1
· ·	(HOD) POI	ated if children Ac	nous dominantes		
	111				
ADDRESS (number and street)	295 (nt	erlocken _i Blyd _i			
	100				
	Broomi Ci	jelol		CO 8002 STATE ▲	1
COMMITTEE'S E-MAIL ADDRES	ss				
(Check if address is changed)	rhenline	@vitatech.co		11111	
	•	Second E-Mail Add	dress		لبنتنن
Same Same	60.7. 60.2.00	trong temperature. A sector	· · · · · · · · · · · · · · · · · · ·		
COMMITTEE'S WEB PAGE ADD	RÉSS (U	ÄL)	And the second second	e. Singaportal de la companya de la co	in the second of the control of the second o
☐ (Check if address is changed)	·				لتتنبث
•	Line	<u> </u>	<u> </u>	11111	111111
2. DATE 08 30	202	3	· ·		. ,
3. FEC IDENTIFICATION NUMBER ► C00766998					
4. IS THIS STATEMENT	NEW	(N) OR	AMENDED (A)		
I certify that I have examined thi	s Staterne	nt and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasurer	Robe	ert Henline			
	$\overline{\Omega}$	A: \		2000 C	
Signature of Treasurer		T Pho		Date <u>08</u>	2023
NOTE: Submission of false, errone			may subject the person signing the		nalties of 52 U.S.C. §30109.
Office Use Only			For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	on I F1	EC FORM 1 Revised 03/2022)

EC Form 1 (Revised 03/2022)	Page 2			
TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate			
Name of Candidate				
Candidate Party Affiliation Sought: House Senate Pre	State sident District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee				
Name of Candidate	111111111			
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			
Corporation Corporation w/o Capital Stock	Labor Organization			
Membership Organization Trade Association	Cooperative			
In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative			
leed yang	to appropriate fund or party			
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separal committee. (i.e., nonconnected committee)	le segregated 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.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution account	s (Hybrid PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Joint Fundraising Representative:	de fee kun en anne an 190 ant			
(i) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal call	·			
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[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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Wr	FEC Form 1 (Revised 0	3/2022)	Page 3
	••	to composite de Political Action Committee	
		Incorporated Political Action Committee rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
	Vita Inglinata Technolog	ies, Incomponated	
	Mailing Address	295 Interlocken Blvd	
		190	
		Broomfield CO 89021	ZIP CODE A
	Relationship: Connected		eadership PAC Sponso
	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in possession	on of committee
	Full Name Derek M	a <mark>rtin, , , , , , , , , , , , , , , , , , , </mark>	
	Mailing Address	295 Interlocken Blvd	
		[100]	
		Broomfield CO 89021	
		CITY ▲ STATE ▲	ZIP CODE A
	Title or Position ▼		
	General Gounsel	Telephone number	
	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 Robert	lenline:	
	Mailing Address	295 Interlocken Blvd	
		[190]	
		Broqmfield	
		CITY ▲ STATE ▲	ZIP CODE A
	Title or Position ▼	•	
	Director of Government	Relations	6 - 5752

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•	FEC Form 1 (Revised 0	03/2022)			Page 4
	Full Name of Designated Agent			1 1 1 1	
	Mailing Address			<u> </u>	
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone nur	mber	ــــا-لـــــا
9.	Banks or Other Depositorions safety deposit boxes or main	es: List all banks or other depositories	s in which the committe	ee deposits fu	nds, holds accounts, rents
	Name of Bank, Depository, e	etc.			
	PNG Ba	<u>nk </u>		1111	
	Mailing Address	PO Box 609			
		pjttsburgh		[PA]	15230
		CITY A	·	STATE A	ZIP CODE ▲
	Name of Bank, Depository, e	elc.			
				1111	
	Mailing Address			·	
		CITY ▲		STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

Page	of	

	(Hevised 03/2	ozz) for Lines 5(i) or (j), 6, 8 and/or 9	Page Of
5(i) or (j	j). Joint Fundraisin	Participant:	
	1.	FEC ID number C	
6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY ▲ STATE ▲ Organization	ZIP CODE ▲ Leadership PAC Sponsor
8. D	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone Number	
	Banks or Other Depositor afety deposit boxes or ma	ies: List all banks or other depositories in which the committee deposits funds ntains funds.	s, holds accounts, rents
	Name of Bank, Depository, etc.	<u> </u>	
	Mailing Address		
,		CITY ▲ STATE ▲	ZIP CODE ▲

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Received from Electronic Filing Office	Date of Receipt se		
Other (Specify):	Date of Receipt or Postmarked		
PREPARER	(0 - (0 - 200) DATE PREPARED		
(4/2023)	D/ (1 to 1 1 1 to 1 1 1 to 1		