FEC FORM

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Use

Only

STATEMENT OF ORGANIZATION

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FORM 1 4 MAR 24. Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. tephen H. Shogan for Senate ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ıstephenshogan@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2014 DATE c00556530 FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisa Chaiken Type or Print Name of Treasurer Signature of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

(Revised 02/2009)

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EC Form 1	(Revised	02/2009)
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		orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e Committee:	
(a		This committee is a principal campaign committee. (Complete the candidate information below.)	
,			
(b	⁹⁾	This committee is an authorized committee, and is NOT a principal campaign committee. (Com- information below.)	plete the candidate
	lame of andidate	Stephen H. Shogan	1 1 1 1 1 3
	andidate arty Affilia	tion IND Office Sought: House Senate President	State CO
(c	;) 🔲	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	lame of Candidate	<u>[</u>	·
P	Party Co	mmittee:	
(c	d) 🗌	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Pa
P	olitical	Action Committee (PAC):	
(e	e) [This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	. Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
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/4		This committee supports/opposes more than one Federal candidate, and is NOT a separate se	AFOADTOA TURA AY MA
(f	" []	committee. (i.e., nonconnected committee)	gregated fund or pa
(f	" []	In addition, this committee is a Lobbyist/Registrant PAC.	gregated fund or pa
(f	" Ц		gregated fund or pa
	·	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	gregated fund or pa
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Write or Type Committee Nar	ne
Stephen H. SI	nogan for Senate
·	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of the person in possession of committee
Full Name Steph	nen H. Shogan
Mailing Address	_{[55] Charlou Circle}
	Englewood CO 80111
Title or Position	CITY STATE ZIP CODE
_[Candidate	Telephone number [303] - [779] - [6326]
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Lisa of Treasurer	Chaiken
Mailing Address	6035 E. Prentice Place
	Greenwood Village CO 80111
Title or Position	CITY STATE ZIP CODE Telephone number 303 - 548 - 4468 303 303 305
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Full Name of Designated Agent Mailing Address			
Designated 4 1			
Mailing Address			
	CITY	STATE	Z!P CODE
Title or Position		e number 🔲	
safety deposit boxes or r		mmittee deposits	funds, holds accounts, ren
Name of Bank, Deposito	ry, etc.		
_[We]	ls Fargo Bank	1 1 1 1	<u> </u>
Mailing Address	7700 E. Belleview Ave.		
	Greenwood Village	CO	80111
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE
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Washington, DC 20013-7578

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United States Senate

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HART SENATE DEFICE BUILDING SUITE 232 WASHINGTON, DE 20510-7116 PHONE (202) 224-0322

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