FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF	(Check if name Example: If typing, type	Office Use Only
COMMITTEE (in fu		
ADDRESS (number and s	700 17th Street, Suite 2000	
Check if add		
is changed)	Denver	CO 80202
		STATE ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS	
(Check if add is changed)	ress charlie.j.smith@gmail.com	<u></u>
le changea)	Optional Second E-Mail Address	
☐		
2. DATE 07	/ D D / Y Y Y Y 13 2012	
3. FEC IDENTIFICAT	CION NUMBER ► C C00493643	
4. IS THIS STATEMEN	NT X NEW (N) OR AMENDED (A)	
I certify that I have example	mined this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of T	Freasurer Charlie Smith	
Signature of Treasurer	Charlie Smith [Electronically Filed]	Date 07 / D D / Y Y Y Y 2012
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1

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FEC Form 1 (Revised 02/2009) Page 2 TYPE OF COMMITTEE Candidate Committee: (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 candidate information below.) Name of Candidate Office Sought: House Senate President Candidate Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Mame of Candidate District (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, effective, Republican, eff	
Candidate Committee: (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 candinformation below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Candidate Party Committee: (National, State (National, State Image: Camplete camplete camplete	
(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 candidate information below.) Name of Candidate Office Party Affiliation Office Name of Candidate Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Candidate information below. Party Committee: (National, State	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candinate information below.) Name of Candidate Office Sought: House Senate President State District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Office State District Party Committee: (National, State (Democratic, Committee) Commocratic, Committee	
information below.) Name of Candidate Candidate Candidate Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic,	
Candidate Candidate Party Affiliation Candidate Office Sought: House Senate President State District C(c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic,	date
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic,	
Name of Candidate Party Committee: (National, State (Democratic,	
Candidate Party Committee: (National, State (Democratic,	
(National, State (Democratic,	
	:.) Part
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is
Corporation Corporation w/o Capital Stock Labor Organ	zation
Membership Organization Trade Association Cooperative	
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more poli committees/organizations, at least one of which is an authorized committee of a federal candidate.	cal
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	cal
Committees Participating in Joint Fundraiser	
1 FEC ID number	
2 FEC ID number C	_
3. FEC ID number	-
4 FEC ID number C	

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Write or Type Committee Name

RAISING RED ACTION FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

RAISING RED POLITI	CAL ACTION COMMITTEE				
Mailing Address	PO BOX 2485				
	SPRINGFIELD		VA	22152	
		STATE	ZIP CODE		
Relationship: Connected	Organization X Affiliated Committee Joint Fund	draising I	Representativ	ve Leadership PAC S	ponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Charlie Sn	ith
Full Name	
Mailing Address	700 17th Street, Suite 2000
	[
	Denver CO 80202 - - - -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

8. **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	Charlie Smith
Mailing Address	700 17th Street, Suite 2000
	Denver CO 80202 - <th< th=""></th<>
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

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Full Name of Designated Agent											I									I				I										
Mailing Address																																		
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	CITY																STA	ΤE						ZIP	С	DDE	-							
Title or Position																																		
																	Tele	eph	one	e nu	ımt	ber] –				- [

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.

	BB&T																		1			
Mailing Address		1909 K Street	NW																			
		Washington													2	0000	6					
				CI	ΤY								STA	TE				ZIP	COD)E		
Name of Bank, I	Depository, e	tc.																				
Mailing Address																						
															L							
		CITY												TE	ZIP CODE							