11030572391

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, ty over the lines	pe 12FE4M5				
JARED POLIS MAJOR	ITY FUND 2012						
<u> </u>							
ADDRESS (number and street)	P.O. BOX 1174						
(Check if address							
is changed)	SPRINGFIELD			22151			
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRE							
(Check if address is changed)	wwburns@earthlink.r	net					
is citatiged)	1::::::::	111111111					
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if address	None		Algorithms of the Assertation of the Control of the				
is changed)		3.46 Sec. 10.	1 40 13 1 2 2 2	└─┴╌┴╌┴─┴─┴─┴─┴─┴ ╵			
		<u> </u>	<u> </u>				
		·					
2. DATE M M / D D / Y Y Y Y Y Y							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT X	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 Lisa Kaufman Date Date							
Signature of Treasurer			_ Date 0 C	10 20 11			
NOTE: Submission of false, erroned	ous, or incomplete information may			s of 2 U.S.C. §437g.			
Office Use Only	·	For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2009)			

	1201	01111 1 (11011000 02:2000)					rage z
	TYPE OF CO	OMMITTEE (Check One) ommittee:	-				
(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	1_1_1_1_1_1_1			 		
(Candidate		Office				State
1	Party Affiliati	on	Sought:	House	Senate	President	District
((c)	This committee supports/o	pposes only one	candidate, and is N	OT an authorized co	ommittee.	
	Name of Candidate		1 .	i :	:		r 1 ! J.J.L. 1.
F	Party Comm	ittee:		(National State			
((d)	This committee is a		(National, State (or subordinate) co	mmittee of the	ř	Democratic, Republican,etc.) Party.
	e)	ion Committee (PAC): This committee is a separa	ite segregated fu	and. (Identify oonnec	ted organization on	line 6.) Its connect	ed organization is a:
	•	Corporation		Corporation w/	o Capital Stock	Labo	or Organization
		Membership Organiza	ıtion	Trade Associa	ion	Coo	perative
		In addition, this	committee is a l	.obbyist/Registrant F	AC.		
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this comm	nittee is a Lobbyi	st/Registrant PAC.			
		In addition, this comm	nittee is a Leader	ship PAC. (Identify s	ponsor on line 6.)	•	
J	oint Fundra	ising Representative:					
,	(g) X	This committee collects concommittees/organizations, a					or more political
	(h) : .	This committee collects concommittees/organizations, r	itributions, pays none of which is	fundraising expense an authorized comm	s and disburses net ittee of a federal car	proceeds for two o	or more political
	Com	mittees Participating in Joint		OMMITTEE :			
		1. FRIENDS OF JAI	RED POLIS C	CIVITAL	FEC ID number	C C004353	70
		2. DEMOCRATIC C			FEC ID number	C C000009	35
		3.		1 1 1 1 1	FEC ID number	С	
		4.	11111		FEC ID number	С	

FEC Form 1 (Revi	sed 02/2009)		Page 3
Write or Type Committee N JARED POLIS MA.			
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundrai	sing Representative. or Lea	dership PAC Sponsor
NONE			<u> </u>
1 1 1 1 1 1 1 1		1111111	1111111
Mailing Address			
	Litarian de la la la la distribilità di	na kalantan bali	
	СІТҮ▲	STATE 🛕	ZIP CODE
Relationship:			
Connected Organi	zation Affiliated Committee Joint Fu	indraising Representative	Leadership PAC Sponsor
Mailing Address	P.O. BOX 1174		
	SPRINGFIELD	VA	22151 _
Title or Position ♥	CITY A	STATE	ZIP CODE A
Assis	stant Treasurer	elephone number	
name and address of	ame and address (phone number optional) of t of any designated agent (e.g., assistant treasurer)		ttee; and the
Mailing Address	P.O. BOX 1174		
	SPRINGFIELD		22151 _
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treas	surer _	Talanhana mumba-	
		Telephone number	

11030572393

FEC Form 1 (Rev	ised 02/2009)		Page 4
Full Name of Designated Agent	Whitney W. Burns		
Mailing Address	P.O. BOX 1174		
	SPRINGFIELD	VA	22151 -
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Assist	ant Treasurer Te	ephone number	
Banks or Other Depos safety deposit boxes or	maintains funds.	ne committee deposits funds	, holds accounts, rents
Name of Bank, Deposite	ank of America		<u>illklklkl</u>
Mailing Address	1501 Pennsylvania Avenue NW		
	Washington	, DC:	
	CITY 🙇	STATE 🗖	ZIP CODE 🛕
Name of Bank, Deposite	ory, etc.		
<u></u>	<u> </u>		
Mailing Address		!ii	
		1.1 1.1 1.1.1.1.1.	
	Tabababaan na dan kalambaban na dan	Li. J. L.L.	نسانا-لاستانا
	CITY 🚣	STATE 4	ZIP CODE

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