PAGE 1/7 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Project West Political Action Committee 9227 East Lincoln Avenue ADDRESS (number and street) #200-435 (Check if address is changed) Lone Tree 80124-5506 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00525543 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 07 12 2019 Signature of Treasurer Date 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 Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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.	
(f)			gradated fund or party
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 02/2009)		Page 3
Write or Type Committee Name	A ation Committee	
Project West Political	Action Committee	
6. Name of Any Connected Organization	, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Gardner for Colorado		
9227 E Lind Mailing Address	coln Ave #200-234	
Lone Tree	CO	80124-5506
	CITY STATE	ZIP CODE
Relationship: Connected Organizatio	Affiliated Committee	ive Leadership PAC Sponsor
 Custodian of Records: Identify by name books and records. 	e, address (phone number optional) and position of the pe	rson in possession of committee
Lisker, Lisa, , ,		
	shington Street Ste 115	
Mailing Address		
Alexandria		.22314-5404
Alexandria	NA LANGE	22314-3404
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	03 - 281 - 7540
Treasurer: List the name and address (p any designated agent (e.g., assistant treatment)	whone number optional) of the treasurer of the committee; asurer).	and the name and address of
Full Name Lisker, Lisa, , ,		
of Treasurer	hington Street Ste 115	
Mailing Address		
Alexandria		22314-5404
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	03

Full Name of Designated Agent	Davis, Keith, , ,	
Mailing Address	228 S Washington Street Ste 115	
	Alexandria VA 22314-540	
Title or Position Assistant Treas		IP CODE
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc. AMG National 1155 Canyon Blvd	
safety deposit bo Name of Bank, I	Depository, etc. AMG National 1155 Canyon Blvd	
safety deposit bo Name of Bank, I	Depository, etc. AMG National 1155 Canyon Blvd	
safety deposit bo Name of Bank, I	Depository, etc. AMG National 1155 Canyon Blvd Boulder CO 80302	IP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. AMG National 1155 Canyon Blvd Boulder CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. AMG National 1155 Canyon Blvd Boulder CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. AMG National 1155 Canyon Blvd Boulder CITY STATE Z Depository, etc. Citywide Banks 8101 E Belleview Ave	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. AMG National 1155 Canyon Blvd Boulder CITY STATE Z Depository, etc. Citywide Banks 8101 E Belleview Ave	
safety deposit bo	Depository, etc. AMG National 1155 Canyon Blvd Boulder CITY STATE Z Depository, etc. Citywide Banks 8101 E Belleview Ave	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	,	FEO ID	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
Rep. Cory Gardne	er 		
Mailing Address	PO Box 2408		
	Loveland	CO	80539-2408
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Represente	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which the aintains funds.	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which the aintains funds.	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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tion, Affiliated Committee, Joint Fundra ATE MAJORITY MILLEDGE AVE STE 101 NS CITY tion Affiliated Committee Joint e, address (phone number – optional)	FEC ID number FEC ID number FEC ID number FEC ID number raising Representativ GA STATE Fundraising Represent	30605 ZIP CODE A
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	Fundraising Represent	ative Leadership PAC Sp
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	elephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponso
GARDNER VICT	ORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
Relationship:	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name _ _ Mailing Address	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents