Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. CORY GARDNER FOR SENATE 9227 E. LINCOLN AVE., #200-234 ADDRESS (number and street) (Check if address is changed) LONE TREE 80124 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address X is changed) Optional Second E-Mail Address katie@corygardner.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.corygardner.com (Check if address is changed) DATE 2019 C00492454 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] 01 29 2020 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

Local 202-694-1100

			_
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Can	e of didate	GARDNER, CORY, , ,	
	didate / Affiliati	on REP Office Sought: House X Senate President	State CO District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FFC Form 1 (Posicod (	22/2000)		Page <b>3</b>
FEC Form 1 (Revised C			Page 3
•	ER FOR SENATE		
-	Organization, Affiliated Committee, Joint Fundra	ilsing Representative, or Lead	ership PAC Sponsor
GARDNER FOR COLO	ORADO 		<u> </u>
Mailing Address	9227 E LINCOLN AVE #200-234		
	LONE TREE CITY	CO 8012 STATE	4 ZIP CODE
Relationship: Connected		Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address (phone number optional)	) and position of the person in	possession of committee
Lisker, Lisa	<b>a</b> , , ,		1
Full Name	228 S. Washington St., Ste. 115		
Mailing Address			
	Alexandria	, VA , 2231	4
	, novalidità		
Title or Position	CITY	STATE	ZIP CODE
Treasurer		ephone number 703	549 7705
3. <b>Treasurer</b> : List the name and any designated agent (e.g., a	d address (phone number optional) of the treas assistant treasurer).	surer of the committee; and the	name and address of
Full Name Lisker, Lisa	<b>i</b> , , ,		1
of Treasurer	228 S. Washington St., Ste. 115		
Mailing Address			
	Alexandria	VA    2231	4 1 1
	CITY	VA 2231. STATE	ZIP CODE
Title or Position Treasurer		phone number 703	549 - 7705
1			,

	rm 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address	s	
Title or Position		ZIP CODE
	Telephone number	
cataty danacit h		
	boxes or maintains funds.  Depository, etc.	
	BB&T	
Name of Bank,	BB&T	
Name of Bank,	BB&T	
Name of Bank,	BB&T  1909 K St. NW	ZIP CODE
Name of Bank,  Mailing Address	BB&T  1909 K St. NW  Washington  DC 20008	ZIP CODE
Name of Bank,  Mailing Address	BB&T  1909 K St. NW  Washington  CITY  STATE	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  BB&T  1909 K St. NW  Washington  CITY  STATE  Depository, etc.  Bank of Colorado  1801 Broadway Ste. 100	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  BB&T  1909 K St. NW  Washington  CITY  STATE  Depository, etc.  Bank of Colorado  1801 Broadway Ste. 100	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  BB&T  1909 K St. NW  Washington  CITY  STATE  Depository, etc.  Bank of Colorado  1801 Broadway Ste. 100	ZIP CODE

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected DEFEND THE SI	□ Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
DEFEND THE SI			
Mailing Address	228 S WASHINGTON STREET SUITE 115		
<b>3</b>			
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			tive Leadership PAC Sp
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		Leadership PAC Sp
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address  TITLE OR POSITION	CITY A	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite	CITY A  Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Bank	CITY A  Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Bank	CITY ▲  CITY ▲  Tories: List all banks or other depositories in which aintains funds.	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY   CITY   City   Cries: List all banks or other depositories in which aintains funds.  Of America	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY   CITY   City   Cries: List all banks or other depositories in which aintains funds.  Of America	elephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b> ı	1	FFC ID	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
SENATE FIREW	ALL 2020		
Mailing Address	901 N WASHINGTON ST		
	SUITE 700		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name   _   _     _	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Wells	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank, Wells	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  Fargo	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  Fargo	STATE A	ZIP CODE A

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5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S Washington St. #115		
		Alexandria	ı VA ı	22314
	Relationship:	CITY A	STATE A	ZIP CODE A
			undraising Representa	
8.	Pull Name	y by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE <b>A</b>
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Chain	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thaintains funds.	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Chain	ries: List all banks or other depositories in which that aintains funds.  Bridge Bank	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which that aintains funds.  Bridge Bank	STATE ▲	

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spons
MCCONNELL GA	ARDNER VICTORY COMMITTEE		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	, , , VA ,	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the control of the	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	fy by name, address (phone number – optional)		
resignated Agent: Identif	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	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲  CITY ▲  pries: List all banks or other depositories in which	Telephone Number	

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

TITLE OR POSITION	ories: List all banks o		STATE A  Felephone Number  In the committee deposit	ZIP CODE   ZIP CODE   s funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks o		Telephone Number	
TITLE OR POSITION  Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks o		Telephone Number	
TITLE OR POSITION  Banks or Other Depositorsafety deposit boxes or management.	ories: List all banks o		Telephone Number	
TITLE OR POSITION	ories: List all banks o		Telephone Number	
TITLE OR POSITION			Telephone Number	
-	<b>U</b>	1	1	ZIP CODE A
-		CITY A	STATE ▲	ZIP CODE A
			1 1 1	1 1
	1			
iviailing Address				
Mailing Address	1			
Designated Agent: Identif	y by name, address	(phone number – optional)		
Connecte	d Organization	Affiliated Committee X Join	nt Fundraising Representa	tive Leadership PAC Spo
Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
	ALEXANDRIA		VA L	22314
	SUITE 115			
Mailing Address	228 S. WASHING	TON STREET		
Name of Any Connected			Iraising Representative	e, or Leadership PAC Sponso
4			FEC ID number	C
4.			FEC ID number	C
3.			FEC ID number	C
			EEO 10 1	

FEC Form 1S (Revised 02/2017)

g) or (h). <b>Joint Fundraisin</b>	g Participant:			
, , , , , , , , , , , , , , , , , , ,		,   FEC	D number	C
2.		FEC	D number	C
3.		FEC	D number	C
		 FEC	D number	С
4.				
Name of Any Connected	Organization, Affiliated Committee, .	loint Fundraising Re	presentativ	re, or Leadership PAC Sponsor
GARDNER TILLIS		•		
Mailing Address	228 S. WASHINGTON ST.			
	STE. 115			
	ALEXANDRIA		VA I	22314
Relationship:	CITY A		STATE A	ZIP CODE ▲
	Organization Affiliated Committee	<b>X</b> Joint Fundraisi		
	_		•	_
Designated Agent: Identify  Full Name	by name, address (phone number –	optional)	1 1 1 1	
Mailing Address	1			
<b>3</b>				
	OUTV :			710.0005
TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
		Telephone	Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositorie	es in which the comm	nittee deposi	ts funds, holds accounts, rents
	intains funds.			
Name of Bank, Depository, etc.				
Mailing Address				
		, , , , , , <u>1</u>		
	CITY A		STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ig i ai tioipaitti		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	228 S WASHINGTON ST.		
Ü	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joing Joing by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Representation	Leadership PAC S
esignated Agent: Identi	by by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spanisher
esignated Agent: Identing Full Name	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
SENATE VICTO	I Organization, Affiliated Committee, Joint F	undraising Representat	tive, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON ST.		
J	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connecte		Joint Fundraising Represe	entative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee		entative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee		entative Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee		entative Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee		entative Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee  fy by name, address (phone number – optional		
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee  fy by name, address (phone number – optional		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  fy by name, address (phone number – optional content of the	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  fy by name, address (phone number – optional content of the	STATE A	ZIP CODE A

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

or(h). <b>Joint Fundrais</b>	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
PROTECTING T	HE MAJORITY		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115 		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spon
Full Name	ify by name, address (phone number – optional)		
TITLE OR POSITIO	CITY A	STATE A	ZIP CODE ▲
IIILE ON POSITION		elephone Number	
Banks or Other Deposit safety deposit boxes or n	ories: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.  Mailing Address	naintains tunds.		
Depository, etc.	naintains tunds.		

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number (	
	3.		FEC ID number (	
	4.		FEC ID number (	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	WHITEFISH VICT	OKT		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative	ve Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
	Full Name   _   _   _    Mailing Address  TITLE OR POSITION	CITY   CITY   Te  ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE ▲	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits to	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits to	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits to	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) oı	(h). <b>Joint Fundraising</b>	g Participant:	550 ID	C		
	1.		FEC ID number			
	2.		FEC ID number	C		
	3.		FEC ID number	C		
	4		FEC ID number			
<b>-</b> 6.		Organization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor		
	Mailing Address	C/O RED CURVE SOLUTIONS				
		138 CONANT STREET, SECOND FLOOR				
		BEVERLY	MA	01915		
	Relationship:	CITY A	STATE A	ZIP CODE ▲		
	Connected	Organization Affiliated Committee X Joint Fo	undraising Representa	Leadership PAC Sponsor		
3. I		by name, address (phone number - optional)				
	Full Name					
	Mailing Address					
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲		
		Tele	ohone Number			
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.						
		1				
	Mailing Address			1		
		CITY A	STATE A	ZIP CODE A		