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(See reverse side for instructions)

This form should be filed after the Committee gualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL			7
Fearless PAC			
(b) Number and Street Address			_
PO Box 37			2. FEC IDENTIFICATION NUMBER
			C00540955
(c) City, State and ZIP Code			3. TYPE OF COMMITTEE (check one)
Boulder	СО	80306	STATE PARTY

I certify that **one** of the following situations is correct (complete line 4 or 5):

STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) 4. and simultaneously qualified as a multicandidate committee through its on affiliation with:

Committee Name: _____

FEC Identification Number:

STATUS BY QUALIFICATION: 5.

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District		Date
(i)	Daniel Maffei	House	NY	24	09/12/2013
(ii)	William Owens	House	NY	21	09/12/2013
(iii)	Sean Patrick Maloney	House	NY	18	09/12/2013
(iv)	Ronald Barber	House	AZ	02	09/12/2013
(v)	Amerish Bera	House	CA	07	09/12/2013

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: 06/26/2013
- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was
- (d) Qualification: The committee met the above requirements on: 09/12/2013

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
-	PRINT NAME C	OF TREASU	JRER	SIGNATURE OF TREASURER	[Electronically Filed]	DATE			
Amy Pritchard			Amy Pritchard		07/11/2014				
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.									
			Fe To	or further information contact: ederal Election Commission, Washingto oll-free 800-424-9530	on, DC 20463	EC FORM 1M			
	1		LC	ocal 202-694-1100		(Revised 1/2001)			