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. Western Energy Alliance PAC 1175 Sherman Street ADDRESS (number and street) Suite 2700 (Check if address is changed) Denver 80203 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ksgamma@westernenergyalliance.org (Check if address is changed) Optional Second E-Mail Address gbrooke@westernenergyalliance.org COMMITTEE'S WEB PAGE ADDRESS (URL) WESTERNENERGYALLIANCE.ORG/GET-INVOLVED/POLITICAL-ACTION-COMMITTEE (Check if address is changed) DATE 2020 C00426569 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. Sgamma, Kathleen, M,, Type or Print Name of Treasurer Sgamma, Kathleen, M,, [Electronically Filed] 80 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

FFC	Form 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	i aye 🚣
Candida	ate 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
Name of Candidate		
Candidate Party Affil		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e) <b>x</b>	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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

F50 F 4 (D : 100(0000)		
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name		Page 3
	ance BAC	
Western Energy Allia		Aire and a description DAO Conserver
•	on, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
Western Energy Alliance PAC	<u> </u>	
1775 She Mailing Address	erman Street	
Suite 270	oo 	
Denver	CO	80203
	CITY STAT	E ZIP CODE
Relationship: Connected Organiza	Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by nat books and records.</li> </ol>	me, address (phone number optional) and position of the	he person in possession of committee
Brooke, Gina, , ,		
1775 Sh	erman Street	
Mailing Address Suite 27	00	
Denver	co	80203
Title or Position	CITY STATE	ZIP CODE
Mgr Administration	Telephone number	303 623 - 0987
Treasurer: List the name and address any designated agent (e.g., assistant tr	(phone number optional) of the treasurer of the commi reasurer).	ittee; and the name and address of
Full Name Sgamma, Kathleen, Northean of Treasurer	<b>d</b> , ,	
	erman Street	
Suite 270	00	
Denver	CO	80203
	CITY STATE	
Title or Position President	Telephone number	303 - 623 - 0987

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Full Name of Designated	I , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	FirstBank of Colorado  7590 W Colfax Ave  Lakewood  CO 80214	
		, , [_[
	CITY	7ID CODE
Name of Bank,		ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank, Mailing Address	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE