



To:

2022190174@fec.gov

cc:

10030403706

Subject: FEC Form 9 Filing

Please see the attached filing.

FEC Form 9 8-8-10.pdf

## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

=							
1.	Individual, Organization or (a) Name New Leadership in Colorado	Qualified Nonpro	ofit Corporation Mai	king th	e Disburs	ement/Obligatio	ens
_	(b) Address (number and street)					2. FEC Identification Number	
_	(c) City, State and ZIP Code Arvada		CO 8	30004			
	(d) Name of Employer or Principal	Place of Business		(e	) Occupation		
3.	Is This Statement or	lew Amended	4. Covering Po	eriod	M M M 08	through	0,10
5.	(a) Date of Public Distribut	ion(s) 0 8 '	08 ' 2010 Y	] (b) C	communic	ation Title Spe	ciai Interests
6.	The filer is a(n): (a) Individed Individed Individed Individed Individed Individed Individual Indiv	anization or Qualified	Nonprofit Corporation mai		<b>—</b>		tion (11 CFR 114.10)
7.	Were the disbursements for from donations to a segreg			n made	exclusive	ely Yes [	No 🔲
8.	Custodian of Records (a) Name Debbie Wamsley (b) Address (number and street) 11260 W. 60th Avenue	<del></del>		<u></u> -			
	(c) City, State and ZIP Code				·····		
	Arvada	<u></u>	со		80	1004	
	(d) Name of Employer or Principal None	Place of Business			e) Occupation None	n	
9.	Total Donations This State	ment				0.00	
10	.Total Disbursements/Oblig	ations This State	ement			9210.00	
	Under penalty of perjury, I certify that	t this statement is true	•				
	TYPE OR PRINT NAME OF PERSO	N COMPLETING FO	RM Debbie Warns	sley		adalia.	
	SIGNATURE	CONTINUE		(	DATE	219/10	
	NOTE: Submission of false, err	oneous or incomplete inf	Y formation may subject the per	rson signii	ng this stateme	ent to the penalities of 2	U.S.C. 437g.

## List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

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1. Pe	erson(s) Sharing/Exercising Control		
A	A. (a) Name Debbie Wamsley	Transction ID	: F91.4098
	(b) Address (number and street) 11260 W. 60th Avenue		
!	(c) City, State and Zip Code		
:	Arvada	CO 80004	I
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	None	None	

SCHEDULE 9-B	
Disbursement(s)	Made or Obligations

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Mailing Address of Payee			<u></u>		08 ' 08 ' 2010 Y
527 Avenue B					Amount
City	State	Zip Cod	le		9210.00
Redondo Beach	CA	90277			Communication Date
Name of Employer		Occupation		,	M, M, ' 0,8 ' 20,10, ' 20,10, ' Transction ID: F93,4118
Purpose of Disbursement (includin Radio Production/Advertising	g title(s) of communic	ation(s))			
Name of Federal Candidate MICHAEL F BENNET	Office Sought:	House X Senate	State: District:	CO	Disbursement/Obligation For: 2010  X Primary General
94.4102		President			Other (specify)
Name of Federal Candidate	Office Sought:	House Senate President	State: District;		Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought:				Disbursement/Obligation For:
10110 011 000101 00	O. 1000 O. 100	Senate	State:		Primary General
	<del> </del>	President	District:		Other (specify)

(3/2005)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked E-Mail Other (Specify): 8/9/10 **PREPARER**

DATE PREPARED