

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 FEDERAL MAIL CENTER

ROMANOFF, FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 783

(Check if address is changed)

AURORA CO 80040-0783

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@andrewromanoff.com

Optional Second E-Mail Address

timorecompliance@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.andrewromanoff.com

2. DATE

07 / 12 / 2013

3. FEC IDENTIFICATION NUMBER ▶

C00541607

4. 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.

Type or Print Name of Treasurer

Michael Hamrick

Signature of Treasurer

Michael Hamrick

Date

04 / 25 / 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.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

14031231721

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

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Write or Type Committee Name

Romanoff for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Colorado 6th Victory Fund

Mailing Address

3243 S Grape St.

Denver

CO

80222

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

3104 Lowell Blvd.

Denver

CO

80211

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position

Telephone number

303-518-1733

14031231723

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

3104 Lowell Blvd

[Empty grid for Mailing Address line 2]

Denver

CO

80211

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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9. 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.

[Empty grid for Name of Bank, Depository, etc. line 1]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc. line 2]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

CITY

STATE

ZIP CODE

Full To Open

EXTREMELY URGENT

Please Rush To Addressee

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Print postage online - Go to usps.com/postageonline

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FROM: (PLEASE PRINT)
 Tracie Moore
 3104 Lowell Blvd.
 Denver, CO 80211
 PHONE () 314-441-0501

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)
 Federal Elections Commission
 999 E. Street NW
 Washington DC
 ZIP + 4® (U.S. ADDRESSES ONLY)
 20463

PHONE ()

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
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<input type="checkbox"/> 1-Day	<input checked="" type="checkbox"/> 2-Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Delivery Attempt (MM/DD/YYYY)	Time
80210	4-28-14	4-28-14	3:00 PM
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Delivery Attempt (MM/DD/YYYY)	Time
4-25-14	10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/>		
Time Accepted	Return Receipt Fee	Employee Signature	
3:00 PM	\$		
Weight	Live Animal Transportation Fee	Employee Signature	
3 lbs. 3 ozs.	\$		
<input type="checkbox"/> Flat Rate	Total Postage & Fees		
<input checked="" type="checkbox"/> Flat Rate	\$ 19.99		

LABEL 11-8, JANUARY 2014 PSN 7690-02-000-9898 3-ADDRESSEE COPY

EXPRESS MAIL ENVELOPE

POSTAGE REQUIRED.

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 PAID
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SP



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Visi

Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Ch
 PREPARER
 (8/2013)

4/28/14
 DATE PREPARED

14031231726