FEC FORM 1	STATEMEN ORGANIZ		RECEIVED ۲۵۱۱ ۲۵۷ ۲۰۰۵ ۲۰۰۵ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰			
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5FEC MAIL CENTER			
$[O_1A_1V_1I_1O_1] \subset [O_1X_1]$	fioiri Ciomigirie	5151 16101-10131				
ADDRESS (number and street)	7:56 37 81	1.0 Rid				
 (Check if address is changed) 						
	PALITISADE CITY▲		C_O 815,26 STATE▲ ZIP CODE▲			
COMMITTEE'S E-MAIL ADDR	ESS					
 (Check if address is changed) 	Idiaivii de 101 xif	OFFICIONIGIFICISIS	@gimaiili.com			
• /	Optional Second E-Mail Add	dress	COMULATION			
	·	0				
COMMITTEE'S WEB PAGE AI		IOIFICIOINIGIFICISIS				
2. DATE 05 1	5 2014 or	iginally sent	2/8/14			
3. FEC IDENTIFICATION N		n an an <u>a</u> n an Artan agus An Artan				
4. IS THIS STATEMENT	NEW (N) OR	X 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 Treasur	er MULLING Jai	me Cox				
Signature of Treasurer	alup		Date 05 15 2014			
NOTE: Submission of false, erroreous, 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 c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100				

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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	DAVID GOX						
	Candidate Party Affiliatio	on REP Office Sought: X House Senate President CO District $O3$						
* *	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party Com							
	(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.						
	Political A	ction 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 Fund	raising 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 reandidate.						
	(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.						
	Comr	nittees Participating in Joint Fundraiser						
	1.	FEC ID number C						
	2.	FEC ID number C						
	3.	FEC ID number						
	4.	FEC ID number C						
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Write or Type Committee Name

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6.	Name of Any Connected O	Irganization, A	fillated Co	mmittee, Joint	Fundralsing Rep	resentative, o	r Leadership PAC Sponsor
L							
L		<u>i </u>	111				
	Mailing Address			1 1 1 1			
			111	1111			
			C	ITY		STATE	ZIP CODE
	Relationship: Connected	d Organization	Affiliated	Committee	Joint Fundraising	Representativ	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	itify by name, a	ddress (pho	one number	optional) and posit	ion of the per	son in possession of committee
	Full Name	id Cion		<u></u>			<u> </u>
	Mailing Address	1756	8.7. 181	1.101 R	<u>d</u>		
				<u></u>		<u> </u>	
		Parlins	indier			CO	8,1,5,7,6-
	Title or Position		CI	ITY		STATE	ZIP CODE
	Kandijdiaitiei	<u> </u>			Telephone nur	nber 9	701-120111-16183191
8.	Treasurer: List the name and any designated agent (e.g., a			optional) of 1	he treasurer of the	e committee; a	and the name and address of
	Full Name of Treasurer	nei 10, Ja	<u>y i C</u>	01X1 1 1			
	Mailing Address	17.5.6 3	8.7.8.	$/_{1}/_{10}$ R	dilli		<u></u>
		L	1 1 1 1				
		Provelicis		<u> </u>		C.0 STATE	8,1,5,2,6]-
	Title or Position Mainiagieiri i i	1111		i i	Telephone nur	nber <u>[9,7</u>	20-19.86-1258.41

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Full Name of Designated Agent			
Mailing Address			
Title or Position			
	Telephone nu	Imber	
	Depositories: List all banks or other depositories in which the commi ixes or maintains funds. Depository, etc.	ittee deposits	funds, holds accounts, rents
	Kolloriadio Martinomal, Baink		
Mailing Address	16,00, W 8, t, h, S, t, , , , ,	1 1 1 1	<u></u>
		I III	
	Palinsade	C_{10}	81.5261-1
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		······································
Mailing Address		<u> </u>	
		1 1 1 1	
	CITY	STATE	ZIP CODE

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Received from Senate Public Records Office	Date of	Receipt
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