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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. Project West Political Action Committee 9227 East Lincoln Avenue ADDRESS (number and street) #200-435 (Check if address is changed) Lone Tree 80124-5506 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00525543 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 01 30 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 Only Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		raye 3
•	olitical Action Committee	
•		ativa and and and in DAC Common
-	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Gardner for Colorado	<u> </u>	
Mailing Address	9227 E Lincoln Ave #200-234	
	Lone Tree CO	80124-5506
	CITY STAT	TE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Repre	sentative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of t	the person in possession of committee
Lisker, Lisa	a, , ,	ı
Full Name	,228 S Washington Street Ste 115	
Mailing Address		
	Alexandria	22314-5404
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	703 - 281 - 7540
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
Full Name Lisker, Lisa	а, , ,	ı
of Treasurer	(220 S Weekington Street Str. 445	
Mailing Address	228 S Washington Street Ste 115	
	Alexandria	22314-5404
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	703 - 281 - 7540

Full Name of Designated Agent	Davis, Keith, ,	, ,								
Mailing Address	_2	228 S Washingt	ton Street Ste 115	5 						
	L									
	L*	Alexandria				VA		22314-		
Title or Position Assistant Treas	urer		CITY	-	Telephone	STAT number			ZIP CC	- <u> </u>
Daniela au Olian					h the com	mittee der	osits f	unds, hole	ds accou	ints rents
safety deposit be	Depositories: oxes or maintair	List all banks ns funds.	or other depositi	ories in whic	ii tile com			arrao, rron		ants, rents
safety deposit be	oxes or maintain	ns funds.	or other depositi	ories in whic	ir the com			aac,c.		ants, rents
safety deposit be	oxes or maintain	ns funds.	or other deposite	ories in whic					1 1 1	inis, renis
safety deposit be Name of Bank,	Depository, etc.	ns funds.		ones in whic	In the com					into, rento
safety deposit be Name of Bank,	Depository, etc.	ns funds.		ones in which	in the com					Into, Tento
safety deposit be Name of Bank,	Depository, etc. AMG Nat	ns funds.		ones in which				80302		- L
safety deposit bo	Depository, etc. AMG Nat	ional 155 Canyon B		ones in which					ZIP CO	
safety deposit be Name of Bank, I	AMG Nat	ional 155 Canyon B	llvd	ones in which		CC				
safety deposit be Name of Bank, I	AMG Nat	ional 155 Canyon B	llvd	ones in which		CC				
safety deposit be Name of Bank, I Mailing Address	Depository, etc. AMG Nat	ional 155 Canyon B	CITY	ones in which		CC				
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. AMG Nat	ional 155 Canyon B	CITY	ones in which		CC				
Mailing Address Mailing Address	Depository, etc. Citywide	ional 155 Canyon B	CITY	ones in which		CC	D E			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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_I Washington	DC	20006
1909 K St. NW		
	<u> </u>	<u> </u>
	the committee deposit	s funds, holds accounts, rents
	Telephone Number	
▼ CITY ▲	STATE ▲	ZIP CODE ▲
by name, address (phone number – optional)		
1 Organization Affiliated Committee Jo	int Fundraising Representa	ative Leadership PAC Spo
CITY A	STATE ▲	ZIP CODE ▲
Loveland	co	80539-2408
PO Box 2408		
? [
	ndraising Representative	e, or Leadership PAC Sponso
	rec in number	C
		C
		C
	550 ID	
	Organization, Affiliated Committee, Joint Funder PO Box 2408 Loveland CITY Organization Affiliated Committee Joint Funder by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which intains funds.	Organization, Affiliated Committee, Joint Fundraising Representative Property of the Committee P

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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r(h). Joint Fundrais ii	ng Participant:			
1.		FEC ID nu	mber C	
2.		FEC ID nu	mber C	
3.		 FEC ID nu	mber C	
4.		 FEC ID nu	mber C	
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represe	entative, o	r Leadership PAC Sponso
UNITED FOR A I	JS SENATE MAJORITY			
Mailing Address	824 S MILLEDGE AVE STE 101			
	1		1 1 1	
	ATHENS	1 1	GA _I	30605
Relationship:	CITY ▲		ATE 🛦	ZIP CODE A
		Joint Fundraising Re		
Full Name				
Mailing Address				
TITLE OR POSITION	CITY ▲	STAT	ΕΔ	ZIP CODE ▲
		Telephone Numb	er	
Banks or Other Deposito	pries: List all banks or other depositories in	which the committee	deposits fu	nds, holds accounts, rents
safety deposit boxes or m			·	
Name of Bank, Wells Depository, etc.	Fargo			
Mailing Address	420 Montgomery St.			
Mailing Address	420 Montgomery St.			
Mailing Address	420 Montgomery St. San Francisco		CA	94104

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h). Joint Fundraisi r			, FEC	ID number	C
2.			 , FEC	ID number	С
				ID number	С
3.				ID number	C
4.				ib number	0
ame of Any Connected	Organization, Affiliat	ted Committee. Join	nt Fundraising F	Representativ	ve, or Leadership PAC Spon
GARDNER VICTO			3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mailing Address	228 S. WASHINGT	TON ST.			
	STE. 115				
	ALEXANDRIA			VA	22314
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte		ffiliated Committee	Joint Fundrais	sing Represen	tative Leadership PAC S
esignated Agent: Identif		'		sing Represen	tative Leadership PAC S
esignated Agent: Identif		'		sing Represen	tative Leadership PAC S
esignated Agent: Identif		'		sing Represen	tative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – opti	onal)		
esignated Agent: Identif	y by name, address (phone number – opti	onal)	STATE A	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – opti	onal)	STATE A	
esignated Agent: Identif Full Name	y by name, address (phone number – opti	onal) Telephone	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – opti	onal) Telephone	STATE A	
esignated Agent: Identif Full Name	y by name, address (phone number – opti	onal) Telephone	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – opti	onal) Telephone	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – opti	onal) Telephone	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig Farticipant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GARDNER TILLI	S VICTORY		
	228 S. WASHINGTON ST.		
Mailing Address			
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
Connecte	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
Connecte		t Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC S
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Connecte esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Represent	
Connecte esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
Connecte esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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