Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Restore Colorado 203 S. Union St. ADDRESS (number and street) Suite 300 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dbacker@dbcapitolstrategies.com (Check if address is changed) Optional Second E-Mail Address csirois@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00609099 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. Type or Print Name of Treasurer Dan Backer [Electronically Filed] 03 2016 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

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|------|---|--|---|--|--|--|
|      | E OF COMMITTEE  |  |   |  |  |  |
|      | naidate   | Committee:   |   |  |  |  |
| (a)  | Ш   | 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. (Compinformation below.)   | lete the candidate                      |  |  |  |
|      | ne of<br>didate   |  |   |  |  |  |
|      | didate<br>y Affiliatio  | Office<br>Sought: House Senate President   | State                                   |  |  |  |
| (c)  |   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District                                |  |  |  |
|      | ne of<br>didate   |  |   |  |  |  |
| Par  | rty Con   | nmittee:   | _                                       |  |  |  |
| (d)  |   | · · · · · · · · · · · · · · · · · · ·  | Democratic,<br>Republican, etc.) Party. |  |  |  |
| Pol  | itical A  | ction Committee (PAC):   |   |  |  |  |
| (e)  |   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.   | nected 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)  | NZ.   |  | gregated fund or party                  |  |  |  |
| (f)  | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat 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.)   |   |  |  |  |
| Joir | nt Fund   | raising 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. | o 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                     |  |  |  |
|      | Com   | Committees Participating in Joint Fundraiser   |   |  |  |  |
|      | 1.  | FEC ID number  |   |  |  |  |
|      | 2.  | FEC ID number  |   |  |  |  |
|      | 3.  | FEC ID number  |   |  |  |  |
|      | 4.  |  |   |  |  |  |

| Write or Type Committee Nam   | 02/2009)  | Page 3                              |
|---|---|-------------------------------------|
| Write or Type Committee Nam   | ne  |                                     |
| Restore Colora  | ado   |                                     |
| Name of Any Connected   | Organization, Affiliated Committee, Joint Fundraising Representative, or  | Leadership PAC Sponsor              |
| NONE  |   |                                     |
|   |   |                                     |
|   |   |                                     |
| Mailing Address   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   | CITY STATE  | ZIP CODE                            |
| Custodian of Records: Ide   | entify by name, address (phone number optional) and position of the perso   | on in possession of committee       |
|   |   |                                     |
| Christina Full Name   | Sirois<br>  |                                     |
| Mailing Address   | 203 S Union St  |                                     |
|   | Suite 300   |                                     |
|   |   |                                     |
|   | Alexandria  | 22314                               |
| Title or Position   | Alexandria VA CITY STATE  | 22314<br>ZIP CODE                   |
| Title or Position  Assistant Treasurer  |   |                                     |
| Assistant Treasurer   | CITY STATE  Telephone number  nd address (phone number optional) of the treasurer of the committee; and   | ZIP CODE                            |
| Assistant Treasurer  Treasurer: List the name ar any designated agent (e.g.,  Full Name Dan Back                | CITY STATE  Telephone number  Ind address (phone number optional) of the treasurer of the committee; and assistant treasurer).  | ZIP CODE                            |
| Assistant Treasurer  Treasurer: List the name ar any designated agent (e.g.,  Full Name  Of Treasurer  Dan Back | CITY STATE  Telephone number  nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).   | ZIP CODE                            |
| Assistant Treasurer Treasurer: List the name ar any designated agent (e.g.,                                     | CITY STATE  Telephone number  Ind address (phone number optional) of the treasurer of the committee; and assistant treasurer).  Rer  [203 S Union St                        | ZIP CODE                            |
| Assistant Treasurer  Treasurer: List the name ar any designated agent (e.g.,  Full Name  of Treasurer  Dan Back | CITY STATE  Telephone number  Ind address (phone number optional) of the treasurer of the committee; and assistant treasurer).  Ker  [203 S Union St]  [Suite 300]          | ZIP CODE  d the name and address of |
| Assistant Treasurer  Treasurer: List the name ar any designated agent (e.g.,  Full Name  Of Treasurer  Dan Back | CITY STATE  Telephone number  nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).  Ker  [203 S Union St]  Suite 300  Alexandria | ZIP CODE  d the name and address of |
| Assistant Treasurer  Treasurer: List the name ar any designated agent (e.g.,  Full Name  of Treasurer  Dan Back | CITY STATE  Telephone number  Ind address (phone number optional) of the treasurer of the committee; and assistant treasurer).  Ker  [203 S Union St]  [Suite 300]          | ZIP CODE  d the name and address of |

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|---|-----------------------------------|---------------|--|--|--|--|
|   |                                   |               |  |  |  |  |
| Full Name of<br>Designated<br>Agent   | Christina Sirois                  |               |  |  |  |  |
| Mailing Address   | 203 S Union St                    |               |  |  |  |  |
|   | Suite 300                         |               |  |  |  |  |
|   | Alexandria VA 22314  CITY STATE Z | IP CODE       |  |  |  |  |
| Title or Position Assistant Treast  | ırer Telephone number             |               |  |  |  |  |
| 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. |                                   |               |  |  |  |  |
|   | Access National Bank              |               |  |  |  |  |
| Mailing Address   | 1800 Robert Fulton Dr             |               |  |  |  |  |
|   | Reston VA 20191                   |               |  |  |  |  |
|   | CITY STATE Z                      | ZIP CODE      |  |  |  |  |
| Name of Bank, [   | Depository, etc.                  |               |  |  |  |  |
|   |                                   |               |  |  |  |  |
|   |                                   |               |  |  |  |  |
| Mailing Address   |                                   |               |  |  |  |  |
| Mailing Address   |                                   |               |  |  |  |  |
| Mailing Address   |                                   |               |  |  |  |  |