PAGE 1/5 STATEMENT OF **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. REPUBLICAN ISSUES COMMITTEE 1945 Norwood Ave ADDRESS (number and street) (Check if address is changed) Boulder 80304 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chrisgersten@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2013 C00382671 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Christopher C. Gersten Type or Print Name of Treasurer Christopher C. Gersten [Electronically Filed] 07 2013 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. **FEC FORM 1**

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

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information)	ation holow)
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate Line In the second control of the second contro	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	(Dama ama')
(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 lin	ne 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 committee. (i.e., nonconnected committee)	separate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federa	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser	
1.	С
2 FEC ID number	С
3. FEC ID number	C
4. FEC ID number	C

Г		_
FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Name	
REPUBLICA	N ISSUES COMMITTEE	
6. Name of Any Connector	ed Organization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PAC Sponsor
LATINO ALLIANCE		
Mailing Address	38172 Lost Lane	
	Purcellville	VA 20132
	CITY	STATE ZIP CODE
Relationship: Conne	ected Organization X Affiliated Committee Joint Fundraising F	Representative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	n of the person in possession of committee
	topher C. Gersten	
Full Name	optier C. Gerstein	
Mailing Address	1945 Norwood Ave	
	Boulder	CO 80304
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone numb	per 703 - 203 - 2888
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the c.g., assistant treasurer).	committee; and the name and address of
Full Name Christe of Treasurer	opher C. Gersten	
Mailing Address	1945 Norwood Ave	
	Boulder	CO 80304 - -
Title or Decision	CITY	STATE ZIP CODE
Title or Position Treasurer		er 703 - 203 - 2888

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
Ü		
	CITY STAT	E ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depos	sitory, etc. /achovia Bank NA	posits funds, noids accounts, rents
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc.	posits runds, noids accounts, rents
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc. /achovia Bank NA 47040 Community Plaza	posits funds, noids accounts, rents /A
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc. /achovia Bank NA _47040 Community Plaza	/A 20164 -
safety deposit boxes of Name of Bank, Deposition of Bank, Depositi	or maintains funds. sitory, etc. Achovia Bank NA 47040 Community Plaza Sterling CITY STAT	/A 20164
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. sitory, etc. /achovia Bank NA 47040 Community Plaza Sterling CITY STATISTICRY	/A 20164
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. sitory, etc. Achovia Bank NA 47040 Community Plaza Sterling CITY STAT	/A 20164
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name	or maintains funds. sitory, etc. /achovia Bank NA 47040 Community Plaza Sterling CITY STAT sitory, etc. ational Capital Bank of Washington	/A 20164
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name of Bank, Deposition	or maintains funds. sitory, etc. /achovia Bank NA 47040 Community Plaza Sterling CITY STAT sitory, etc. ational Capital Bank of Washington	/A 20164
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name of Bank, Deposition	or maintains funds. sitory, etc. /achovia Bank NA 47040 Community Plaza Sterling CITY STA sitory, etc. ational Capital Bank of Washington 116 Pennsylvania Ave NW	/A 20164

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 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. [ADDITIONAL] Name of Bank, Depository, etc. ı Dubuque Bank and Trust c/o Canyon State Servicing Company Mailing Address 1398 Central Avenue 52001 Dubuque ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor STOP UNION POLITICAL ABUSE (SUPA) 38172 Lost Lane Mailing Address Purcellville 20132 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number