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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Rocky Mountain	Values PAC			
ADDRESS (number and street	t) 1580 N Logan Street, Suite 66	0		
(Check if address	PMB 390942			
is changed)	Denver └────────────────────────────────────		CO 80203 STATE ▲	
COMMITTEE'S E-MAIL ADD	DRESS			
(Check if address is changed)	FEC@venable.com			
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 05 /	D D / Y Y Y Y 28 2024			
3. FEC IDENTIFICATION	NUMBER ► C CO	0872150		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it is	s true, correct and con	nplete.
Type or Print Name of Treas	surer Lamorte, Justin, , ,			
Signature of Treasurer	amorte, Justin, , ,			28 / Y Y Y Y 2024
NOTE: Submission of false, er	rroneous, or incomplete information r ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		alties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		C FORM 1 evised 06/2012)

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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 information below.)	the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democr (d) This committee is a or subordinate) committee of the Republic	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:
Corporation Corporation w/o Capital Stock	r Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(g) X This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).

Joint Fundraising Representative:

(i) 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.
(j) 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.
2.

In addition, this committee is a Lobbyist/Registrant PAC.

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-	FEC Form 1 (Revised 0	2/2009	9)																									Pag	ge (3		
۷	Vrite or Type Committee Name																															
	Rocky Mountain	Val	ues	s F	ΡA	С																										
6.	Name of Any Connected Or	rganiz	ation	, Af	filia	ted	Сс	omn	nitte	е, с	Joiı	nt F	un	dra	isiı	ng	Rep	ore	sen	tat	ive	, 01	· Lo	ead	lers	shir	א פ	AC	Sr	on	sor	
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	Mailing Address																															
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							(CITY	∕▲									\$	STA	ΤE						ZI	PC	COL	DE			

Relationship: Connected Organization Affiliated Organization 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.

Lamorte,	ustin, , ,						
Full Name							
Mailing Address	1580 N Logan Street, Suite 660						
	PMB 390942						
	Denver CO 80207 - - - -						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer 720 515 4742 Telephone number - <t< td=""></t<>							

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	Lamorte, Justin, , ,							
Mailing Address	1580 N Logan Street, Suite 660							
	PMB 390942							
	Denver							
	CITY ▲ STATE ▲ ZIP CODE ▲							
Title or Position ▼								
Treasurer 720 515 4742 Telephone number - - - -								

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

	amated Bank			
Mailing Address	1825 K Street, NW			
	Washington			δ └
		CITY ▲	STATE A	ZIP CODE
Name of Bank, Depository,	etc.			
Mailing Address				
		CITY ▲	STATE A	ZIP CODE ▲