Image# 202208179525475072

Only

PAGE 1 / 17 =

| FEC FORM 1 | | ORGANIZ | | | Office Use Only |
|--|------------------------|----------------------------|--|--------------------|----------------------------------|
| NAME OF COMMITTEE (ir | n full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Bennet for | Colora | ndo | | | |
| | | | | | |
| ADDRESS (number a | nd street) | PO Box 3078 | | | |
| (Check if a is changed | | | | | |
| is thanget | .) | Denver CITY A | | CO 8 | 0201 ZIP CODE ▲ |
| COMMITTEE'S E-MA | AIL ADDRES | SS | | | |
| (Check if a is changed | | sue@bluewavepolitic | cs.com | | |
| | | Optional Second E-Mail A | | | |
| COMMITTEE'S WEB (Check if a is changed) | address | https://michaelbennet.com/ | | | |
| 2. DATE 0 | M / D 14 | 2022 | | | |
| 3. FEC IDENTIFIC | CATION NU | IMBER ▶ C | C00458398 | | |
| 4. IS THIS STATEM | MENT | NEW (N) OR | x AMENDED (A) | | |
| I certify that I have e | examined th | is Statement and to the be | st of my knowledge and belief it | is true, correct a | nd complete. |
| Type or Print Name | of Treasurer | Fischer, Joyce, , , | | | |
| Signature of Treasure | er <i>Fische</i> —— | r, Joyce, , , | [Electronically Filed] | Date 08 | 17 2022 |
| NOTE: Submission of | false, errone | | on may subject the person signing the MATION SHOULD BE REPORTED | | ne penalties of 52 U.S.C. §30109 |
| Office Use | | | For further information c Federal Election Commissi Toll Free 800-424-9530 | | FEC FORM 1 (Revised 06/2012) |

Toll Free 800-424-9530

Local 202-694-1100

| E | C Form 1 (Revised 03/2022) | Page 2 |
|---|--|-----------------|
| | 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 car information below.) | didate |
| | Name of Candidate Bennet, Michael, , , | |
| | Party Affiliation DEM Sought: House Senate President | State CO |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: | |
| | (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) | Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | anization is a: |
| | Corporation Corporation w/o Capital Stock Labor Organia | zation |
| | 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 function committee. (i.e., nonconnected committee) | d 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) 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). | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | Joint Fundraising Representative: | |
| | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate. | e political |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate. | e political |
| | Committees Participating in Joint Fundraiser | |
| | 1 | |

| | FEC Form 1 (Revised (| • | | | Page 3 |
|-----------|------------------------------|--|---------------------|-----------------------|-----------------------|
| W | /rite or Type Committee Name | | | | |
| | Bennet for Col | orado | | | |
| 6. | | Organization, Affiliated Committee, Joint Fu | ndraising Repres | sentative, or Leader | ship PAC Sponsor |
| | The Colorado Way | | | | |
| | | | | | |
| | | | | | |
| | Mailing Address | PO Box 3078 | | | |
| | | | | | |
| | | Denver | | CO 80201 | |
| | | | | 00201 | |
| | | CITY ▲ | 5 | STATE A | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising I | Representative | Leadership PAC Sponso |
| | | | | | |
| | Custodian of Bassada Idam | tif. by none address (about propher | al) and position of | *ha nawan in nasaa | sion of committee |
| . | books and records. | tify by name, address (phone number optiona | ai) and position of | the person in possess | sion of committee |
| | Jackson, S | Sue | | | |
| | Full Name | | | | |
| | Moiling Address | 122 C Street NW | | | |
| | Mailing Address | Ste 360 | | | |
| | | | | | |
| | | Washington | | DC 20001 | |
| | | CITY ▲ | S | STATE A | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Assistant Treasurer | | Telephone numb | 919 - | 592 9826 |
| | | | reiepriorie numb | er | |
| | Tracurary List the name or | nd address (phone number optional) of the | transurar of the | committee: and the n | ama and address of |
|). | any designated agent (e.g., | | neasurer or the c | commutee, and the m | ame and address of |
| | Full Name Fischer, Jo | pyce, , , | | | |
| | of Treasurer | | | | |
| | Mailing Address | PO Box 3078 | | | |
| | · · | | | | |
| | | Denver | | CO 90304 | |
| | | Denver | | CO 80201 | |
| | | CITY ▲ | 5 | STATE A | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Joyce Fischer | | Telephone numb | er | 730 – 2779 |

| FEC Form 1 | (Revised 02/2009) | | Page 4 |
|-------------------------------------|---|-------------------|-----------------------------|
| Full Name of Designated Agent | Thoman, Shayne, , , | | |
| Mailing Address | 122 C Street NW | | |
| | Suite 360 | | |
| | Washington | DC | 20001 |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Compliance Direc | | umber 9 | 19 - 592 - 9826 |
| | Depositories: List all banks or other depositories in which the commes or maintains funds. | ittee deposits fo | unds, holds accounts, rents |
| Name of Bank, D | epository, etc. | | |
| | Amalgamated Bank | | |
| Mailing Address | 1825 K Street | | |
| | | | |
| | Washington | DC | 20006 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | Woodsboro Bank | | |
| Mailing Address | 5 N Main Street | | |
| | | | |
| | Woodsboro | MD | 21798 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

FEC Form 1S (Revised 02/2017)

| 5(g) d | or(h). Joint Fundraisin | g Participant: | | |
|--------|---|---|------------------------|------------------------------|
| | 1. | | FEC ID number | С |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4 | | FEC ID number | C |
| 6. | Name of Any Connected Common Sense 2 | Organization, Affiliated Committee, Joint Fundrai | ising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | 910 18th St NW | | |
| | | Suite 925 | | |
| | | Washington | DC | 20006 |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected | Affiliated Committee X Joint F | Fundraising Representa | tive Leadership PAC Sponsor |
| 8. | Designated Agent: Identify | by name, address (phone number - optional) | | |
| | Full Name | | | |
| | | | | |
| | Mailing Address | | | |
| | Mailing Address | | | |
| | Mailing Address | | | |
| | | CITY | STATE A | ZIP CODE A |
| | Mailing Address TITLE OR POSITION | • | | ZIP CODE A |
| 9. | Banks or Other Depositor safety deposit boxes or ma | Tele | STATE ▲ | |
| 9. | Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc. | Tele | STATE ▲ | |
| 9. | Banks or Other Depositor safety deposit boxes or ma | Tele | STATE ▲ | |
| 9. | Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc. | Tele | STATE ▲ | |
| 9. | Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc. | Tele | STATE ▲ | |

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

| h). Joint Fundraisi | .9 · | | |
|--|---|----------------------------|---------------------------|
| 1 | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4 | | FEC ID number | С |
| | | | |
| ame of Any Connected Common Sense 2 | l Organization, Affiliated Committee, Joint Fui 2∩2∩ - II | ndraising Representativ | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | 910 17th St NW | | |
| Walling Address | Suite 925 | | |
| | Washington | ı DC ı | , 20006 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE A |
| rielationship. | CITY | STATE | ZIP CODE A |
| | Affiliated Committee | oint Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identif | | | ative Leadership PAC S |
| esignated Agent: Identif | | | ative Leadership PAC S |
| esignated Agent: Identif | | | ative Leadership PAC S |
| esignated Agent: Identif | | | ative Leadership PAC S |
| esignated Agent: Identif | fy by name, address (phone number – optional) | | |
| esignated Agent: Identif Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |

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

| h). Joint Fundraisi | ng Participant: | | |
|--|--|---------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundictory Fund | draising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | 600 Pennsylvania Ave SE #15180 | | 1 1 1 1 1 1 1 1 1 1 |
| | | | |
| | Washington | DC | 20003 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE A |
| Connecte | d Organization Affiliated Committee | nt Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| | y by name, address (phone number – optional) | | |
| Full Name | y by name, address (phone number – optional) | | |
| Full Name | y by name, address (phone number – optional) | | |
| Full Name | CITY | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |

FEC Form 1S (Revised 02/2017)

| (a) c | r(h). Joint Fundraisin | g Participant: | | | |
|-------|---------------------------------------|---|-------------------|--------------------------|--------------------------------|
| (3) - | 1. | 3 | | FEC ID number | C |
| | 2. | | | FEC ID number | C |
| | 3. | | | FEC ID number | C |
| | 4. | | | FEC ID number | C |
| | 7. | | | | |
| | Name of Any Connected | Organization, Affiliated Commit | tee, Joint Fund | raising Representative | e, or Leadership PAC Sponsor |
| | Colorado New Ha | mpshire Victory Fund | | | |
| | | | | | |
| | | | | | |
| | Mailing Address | 600 Pennsylvania Ave SE #151 | 80 | | |
| | | | | | |
| | | Washington | | DC | 20003 |
| | Relationship: | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Com | mittee X Join | t Fundraising Representa | ative Leadership PAC Sponsor |
| | Designated Agent: Identify Full Name | by name, address (phone numb | per – optional) | | |
| | | 1 | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | | | Т | elephone Number | |
| | safety deposit boxes or ma | ries: List all banks or other depo aintains funds. | sitories in which | the committee deposit | s funds, holds accounts, rents |
| | Depository, etc. | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |

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

| | r(h). Joint Fundraisin | g Participant: | | |
|--------|---|---|------------------------|------------------------------|
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| | | | | |
| 6. | | Organization, Affiliated Committee, Joint Fundra | ising Representative | e, or Leadership PAC Sponsor |
| | Bennet Blumentha | al victory fund | | |
| | | | | |
| | Mailing Address | 499 S Capitol St SE | | |
| | Mailing Address | | | |
| | | Washington | , DC | , 20003 |
| | Relationship: | CITY A | STATE A | ZIP CODE A |
| | | | | |
| | Connected | d Organization Affiliated Committee X Joint | Fundraising Representa | ative Leadership PAC Sponsor |
| 8. I | Designated Agent: Identify | / by name, address (phone number - optional) | | |
| | Full Name | | | |
| | Full Name | | | |
| | Full Name | | | |
| | | | | |
| | | | | |
| | | CITY A | STATE A | ZIP CODE A |
| | Mailing Address | ▼ CITY ▲ | STATE A ephone Number | |
| - | Mailing Address | ▼ CITY ▲ | 1 | |
| | Mailing Address TITLE OR POSITION | CITY Tel ries: List all banks or other depositories in which t | ephone Number | ZIP CODE 🛦 |
| ; I | Mailing Address TITLE OR POSITION | CITY Tel ries: List all banks or other depositories in which t | ephone Number | ZIP CODE 🛦 |
| : | Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main main main main main main main | CITY Tel ries: List all banks or other depositories in which t | ephone Number | ZIP CODE 🛦 |
| ; I | Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail to the control of Bank, | CITY Tel ries: List all banks or other depositories in which t | ephone Number | ZIP CODE 🛦 |
| ; I | Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main main main main main main main | CITY Tel ries: List all banks or other depositories in which t | ephone Number | ZIP CODE 🛦 |

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

| | | 1 , , , , 1-1 , , |
|---|---|--|
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| 1 | | |
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| aintains funds. | iii wilicii tile committee aeposi | is lulius, floius accounts, rents |
| wings Liet all hopks or other deposits | in which the governities down | to fundo holdo coccusto "-"t- |
| | Telephone Number | |
| CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | |
| | | |
| | | |
| | | |
| y by name, address (phone number – op | tional) | |
| d Organization Affiliated Committee | Joint Fundraising Represent | ative Leadership PAC Spo |
| CITY A | STATE ▲ | ZIP CODE ▲ |
| Washington | DC | 20003 |
| | | |
| 600 Pennsylvania Ave SE #15180 | | |
| | | |
| Organization, Affiliated Committee, Joi | nt Fundraising Representativ | e, or Leadership PAC Sponso |
| | 1 20 15 Humber | <u> </u> |
| | | C |
| | | C |
| | | C |
| | Organization, Affiliated Committee, Joi 600 Pennsylvania Ave SE #15180 Washington CITY d Organization Affiliated Committee by by name, address (phone number – op CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY | Organization, Affiliated Committee, Joint Fundraising Representative 600 Pennsylvania Ave SE #15180 CITY A STATE A d Organization Affiliated Committee y by name, address (phone number – optional) CITY A STATE A CITY A STATE A Telephone Number |

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

| h). Joint Fundraisi | ng Participant: | | |
|---|---|-------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4 | | FEC ID number | C |
| | | | |
| | d Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spon |
| Bennet Colorado | Victory Fund | | |
| | | | |
| | 499 S Capitol St SE #407 | | |
| Mailing Address | 199 3 Capitol St St. #107 | | |
| | | | |
| | Washington | DC | 20003 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | t Fundraising Represent | ative Leadership PAC Sp |
| | Affiliated Committee Join Join fy by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | t Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | t Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which | STATE A | ZIP CODE A |

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

| h). Joint Fundraisi | ig Farticipant. | | |
|---|---|---------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| | Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Spon |
| Blue Senate 2022 | <u> </u> | | |
| | | | |
| | 600 Pennsylvania Ave SE #15180 | | |
| Mailing Address | | | |
| | | | |
| | Washington | DC DC | 20003 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | nt Fundraising Representa | ative Leadership PAC Sp |
| | Affiliated Committee Join Join fy by name, address (phone number – optional) | nt Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | nt Fundraising Representa | |
| esignated Agent: Identing Full Name | fy by name, address (phone number – optional) | STATE | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY | STATE A | ZIP CODE A |
| esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

| 1. | | FEC ID number | C |
|---|--|------------------------|-----------------------------|
| 2 | | | |
| 3. | | FEC ID number | C |
| | | FEC ID number | C |
| / | | FEC ID number | C |
| 4. | | | |
| | Organization, Affiliated Committee, Joint Fundra | ising Representative | e, or Leadership PAC Sponso |
| Bennet Neguse Vi | ctory Fund | | |
| | | | |
| | 1 499 S Capitol St SW #407 | | |
| Mailing Address | | | |
| | | | |
| | Washington | DC | 20003 |
| | OIT) (| STATE ▲ | ZIP CODE ▲ |
| | Organization Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Representa | |
| Connected | Organization Affiliated Committee | | |
| Connected esignated Agent: Identify | Organization Affiliated Committee | | |
| esignated Agent: Identify Full Name | Organization Affiliated Committee | | |
| esignated Agent: Identify Full Name | Organization Affiliated Committee | Fundraising Representa | |
| esignated Agent: Identify Full Name | Organization Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Representa | ative Leadership PAC Spor |
| esignated Agent: Identify Full Name Mailing Address | Organization Affiliated Committee Joint by name, address (phone number – optional) CITY | Fundraising Representa | Leadership PAC Spo |

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi r | | | 1 | FEC ID number | er C | |
|---|------------------|----------------------|---------------|--------------------|-------------|--------------------|
| 1. | | | | | | |
| 2. | | | | FEC ID numbe | | |
| 3. | | | | FEC ID number | er C | |
| 4. | | | | FEC ID numbe | er C | |
| ame of Any Connected | | ffiliated Committee, | Joint Fundrai | sing Representa | tive, or Le | eadership PAC Spor |
| Bennet Crow Vict | ory Fund | | | | | |
| | | | | | | |
| Mailing Address | PO Box 3078 | | | | | |
| | | | | | | |
| | Denver | | | co | 8 | 0201 |
| Relationship: | | CITY ▲ | | STATE | A | ZIP CODE ▲ |
| | | | | | | |
| Connecte | d Organization | Affiliated Committee | Joint F | undraising Repres | entative | Leadership PAC S |
| | | | | undraising Represo | entative | Leadership PAC S |
| | | | | undraising Represo | entative | Leadership PAC S |
| esignated Agent: Identif | | | | undraising Represe | entative | Leadership PAC S |
| esignated Agent: Identif | | | | undraising Represe | entative | Leadership PAC S |
| esignated Agent: Identif | y by name, addre | | optional) | | | Leadership PAC S |
| esignated Agent: Identif Full Name Mailing Address | y by name, addre | ess (phone number – | optional) | | | |
| esignated Agent: Identif | y by name, addre | ess (phone number – | optional) | | | |
| Full Name Mailing Address TITLE OR POSITION | y by name, addre | ess (phone number – | optional) | STATE A | | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or ma | y by name, addre | ess (phone number – | optional) | STATE A | | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials. | y by name, addre | ess (phone number – | optional) | 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, addre | ess (phone number – | optional) | STATE A | | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi | | | The second secon |
|---|---|--------------------------|--|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| | l Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Spon |
| Arizona Colorado | 2022 Victory Fund | | |
| | | | |
| | ₁ 3104 E Camelback Rd #924 | | |
| Mailing Address | 3 104 E Cameloack Rd #924 | | |
| | | | |
| | Phoenix | AZ | 85016 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | ed Organization Affiliated Committee | nt Fundraising Represent | ative Leadership PAC Sp |
| | ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional) | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | state A | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | STATE A | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of the | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |

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

| h). Joint Fundraising | · | | 1 | FFC ID | | |
|---|---------------------|----------------------|---------------|---------------------|--------------------|---------------|
| 1 | | | | FEC ID numbe | | |
| 2. | | | | FEC ID numbe | | |
| 3. | | | | FEC ID numbe | C | |
| 4. | | | | FEC ID numbe | C | |
| ame of Any Connected (| Organization, Affil | iated Committee, | Joint Fundrai | sing Representat | ive, or Leadership | PAC Spon |
| Majority 2022 | | | | | | |
| | | | | | | |
| Mailing Address | 910 17th St NW | Suite 925 | | | | |
| | | | | | | |
| | Washington | | | DC | 20006 | |
| Relationship: | | CITY A | | STATE | ▲ ZIF | CODE A |
| Connected | Organization | Affiliated Committee | Joint F | Fundraising Represe | ntative Leade | |
| esignated Agent: Identify | | | | Fundraising Represe | ntative Leade | |
| esignated Agent: Identify Full Name | | | | Fundraising Represe | ntative Leade | ership PAC Sp |
| esignated Agent: Identify | | | | Fundraising Represe | ntative Leade | |
| esignated Agent: Identify Full Name | | | | Fundraising Represe | | ership PAC S |
| esignated Agent: Identify Full Name | by name, address | (phone number – | optional) | | | ership PAC S |
| esignated Agent: Identify Full Name | by name, address | (phone number – | optional) | | | ership PAC S |
| esignated Agent: Identify Full Name Mailing Address | by name, address | (phone number – | optional) | | | ership PAC S |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or main ame of Bank, | by name, address | city A | optional) | STATE A | ZIP | ership PAC Sp |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or main ame of Bank, epository, etc. | by name, address | city A | optional) | STATE A | ZIP | ership PAC Sp |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or main ame of Bank, | by name, address | city A | optional) | STATE A | ZIP | ership PAC Sp |
| Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or main ame of Bank, epository, etc. | by name, address | city A | optional) | STATE A | ZIP | ership PAC Sp |

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi | ng Participant: | | |
|--|---|-------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spon |
| BENNET GOLDE | EN VICTORY FUND | | |
| | | | |
| Mailing Address | 611 PENNSYLVANIA AVE SE | | |
| Mailing Address | SUITE 143 | | |
| | WASHINGTON | , DC | 20003 |
| Relationship: | CITY A | STATE A | ZIP CODE A |
| | | | |
| Connecte | Affiliated Committee | t Fundraising Represent | Leadersnip PAC S |
| | | t Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | t Fundraising Represent | Leadersnip PAC S |
| esignated Agent: Identif | | t Fundraising Represent | Leadersnip PAC S |
| esignated Agent: Identif | | T Fundraising Represent | Leadersnip PAC S |
| esignated Agent: Identif | by by name, address (phone number – optional) | STATE A | |
| esignated Agent: Identif | by by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION | cy by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION | cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m | cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |