**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mooney Now 7233 Long Avenue ADDRESS (number and street) (Check if address is changed) Centennial 80122 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS imooney@completebackup.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2015 C00585141 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. John Mooney Type or Print Name of Treasurer John Mooney [Electronically Filed] 80 26 2015 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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TYPE OF COMMITTEE	
Candidate Committee:  (a) X This committee is a principal campaign committee. (Complete the candidate info	ormation below)
(b) This committee is an authorized committee, and is NOT a principal campaign or	
information below.)	· ·
Name of Mr, John Mooney Candidate	
Candidate Party Affiliation  Office Sought: House Senate	State
Tarty Amiliation Sought. Flouse Senate 7	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name of Candidate	
Party Committee:	(Dave a south)
(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 or	n line 6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	k 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 committee. (i.e., nonconnected committee)	T a 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 committees/organizations, at least one of which is an authorized committee of a fed	•
(h) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal care	
Committees Participating in Joint Fundraiser	
1.                         FEC ID numb	ber C
2.                         FEC ID numb	ber C
3.                                 FEC ID numb	ber C
4.	her

FEC <b>Form 1</b> (Revise	ed 02/2009)	Page <b>3</b>
Write or Type Committee Na		
Mooney Now		
<u> </u>	d Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
maning realises		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: I books and records.</li> </ul>	dentify by name, address (phone number optional) and position of the person	in possession of committee
John M	looney	
Full Name	7233 Longe Avenue	
Mailing Address		
	Centennial CO 80	0122
Title or Position	CITY STATE	ZIP CODE
	Telephone number	]- [
. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name John M of Treasurer	ooney	
Mailing Address	7233 Longe Avenue	
	Centennial   CO   80	0122
Title or Position	CITY STATE	ZIP CODE
	Telephone number	-

I LC POI	m i (Revised	d 02/2009)	Page <b>4</b>
Full Name of Designated	John Moor	ney	
Agent		7003 Lenge Avenue	
Mailing Address		7233 Longe Avenue	
		Centennial	80122
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
safety deposit b Name of Bank,	oxes or main		ids, floids accounts, refits
safety deposit b Name of Bank,	Depository, 6	ntains funds.	ids, floids accounts, rents
safety deposit b	Depository, 6	ntains funds.	inas, riolas accounts, rents
safety deposit b Name of Bank,	Depository, 6	ntains funds. etc.  None	
safety deposit b Name of Bank,	Depository, 6	ntains funds. etc.  None	80121
safety deposit b Name of Bank,	Depository, 6	ntains funds. etc.  None	
safety deposit b Name of Bank,	oxes or main Depository, e	None  None  CITY  STATE	80121
safety deposit b Name of Bank, Mailing Address	Depository, e	None  Co  CITY  STATE	80121 ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, e	None  None  CITY  STATE	80121 ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, e	None  Co  CITY  STATE	80121 ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, e	None  Co  CITY  STATE	80121 ZIP CODE