

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

15 OCT -2 PM 12:45 Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Neville For Senate

ADDRESS (number and street)

PO Box 30

(Check if address is changed)

Littleton

CITY

CO

STATE

80160

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Tim@NevilleForSenate.com

Optional Second E-Mail Address

barb@nevilleforsenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.NevilleForSenate.com

2. DATE 09 28 2015

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Mike Donahue

Signature of Treasurer

Mike Donahue

[Handwritten Signature]

Date 09 28 2015

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.

Table with 5 columns: Office Use Only, and four empty boxes.

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

FEC FORM 1 (Revised 06/2012)

201510020200250124

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 the candidate information below.)

Name of Candidate Timothy Patrick Neville

Candidate Party Affiliation REP Office Sought: House Senate President State CO District 00

- (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 _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 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 separate segregated fund or party 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

201510020200250135

Write or Type Committee Name

Neville For Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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.

Full Name Mike Donahue

Mailing Address 2000 WADSWORTH BLVD # 131

Lakewood CO 80214

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 303 - 210 - 6182

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 Mike Donahue

Mailing Address 2000 WADSWORTH BLVD # 131

Lakewood CO 80214

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 303 - 210 - 6182

201510020200250136

Full Name of Designated Agent: John Ansted

Mailing Address: 11074 W GRAND PLACE
 Littleton CO 80127
 CITY STATE ZIP CODE

Title or Position: Designated Agent Telephone number: 720-530-6797

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.

Wells Fargo Bank

Mailing Address: 8500 W Bowles Ave
 Littleton CO 80123
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address: [Empty fields]
 CITY STATE ZIP CODE

201510020200250137

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INSPECTION

EXTREMELY URGENT

United States Senate
Post Office

INSPECTION

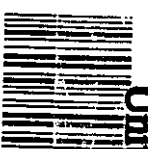
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Post Office

INSPECTION

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SEP 29 2015
AMOUNT

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- 10:30 AM Delivery Required (additional fee, where available)

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2-Day

3-Day

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Insurance Fee

COO Fee

Date Accepted (MM/DD/YY)

Scheduled Delivery Date (MM/DD/YY)

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9-30-15

\$280

1141

\$19.99

\$22.79

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time

Employee Signature

Delivery Attempt (MM/DD/YY) Time

Employee Signature

LABEL 11-B, JANUARY 2014

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Office of the Inspector General
Department of Justice

851057002070015102

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

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Postmark

USPS PRIORITY MAIL 9-29-15
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

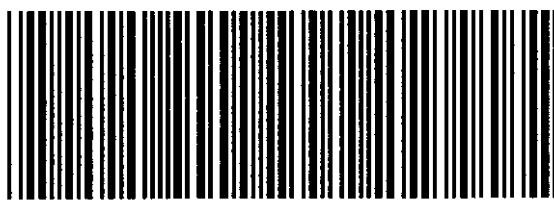
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

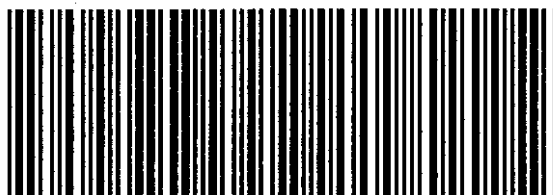
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-2-15

201510020200250139



SEN PATCH



SEN PATCH

201510020200250140