Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) The Coalition to Elect Michael Simmons 8101 East Prentice Avenue ADDRESS (number and street) Suite 800 (Check if address is changed) Greenwood Village 80111 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS simmons4president@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2015 C00583963 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. Mr. Bruce R. Bendell Type or Print Name of Treasurer Mr. Bruce R. Bendell [Electronically Filed] 80 20 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i ago 🚣				
Can	didate	Committee:					
(a)	X	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. (Cominformation below.)	nplete the candidate				
Name Cand	e of lidate	Mr. Michael Gene Simmons					
	lidate Affiliati	on UN Office Sought: House Senate X President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of lidate						
Part	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name		. ago C
The Coalition to	Elect Michael Simmons	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
I	R. Bendell	I
Full Name	₁ 5715 E. Oxford Ave.	
Mailing Address		
	Cherry Hills Village CO 80111	
	Unterly thing vinlage	
Title or Position	CITY STATE Z	IP CODE
Treasurer		
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Mr. Bruce		
of Treasurer		
Mailing Address	5715 E. Oxford Ave.	
	Cherry Hills Village	
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
	CITY	TATE ZIF	P CODE
Title or Position			
	Telephone numbe	r	
Banks or Other Depo safety deposit boxes o Name of Bank, Depos		•	
safety deposit boxes o Name of Bank, Depos	or maintains funds.		
safety deposit boxes o Name of Bank, Depos	or maintains funds. sitory, etc. Morgan Chase		
safety deposit boxes o Name of Bank, Depos	or maintains funds. sitory, etc. Morgan Chase	CO 80111	
safety deposit boxes o Name of Bank, Depos	Morgan Chase 4968 S Yosemite St Greenwood Village	CO 80111	P CODE
safety deposit boxes o Name of Bank, Depos	Morgan Chase 4968 S Yosemite St Greenwood Village CITY S	CO 80111	P CODE
safety deposit boxes o Name of Bank, Depos JP Mailing Address	Morgan Chase 4968 S Yosemite St Greenwood Village CITY S	CO 80111	P CODE
safety deposit boxes o Name of Bank, Depos JP Mailing Address	Morgan Chase 4968 S Yosemite St Greenwood Village CITY Sitory, etc.	CO 80111	P CODE
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