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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. COLORADO REPUBLICAN COMMITTEE 5950 S. WILLOW DRIVE ADDRESS (number and street) SUITE 210 (Check if address is changed) **GREENWOOD VILLAGE** CO 80111 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mike@mccauleyassociatespc.com (Check if address is changed) Optional Second E-Mail Address cmurray@bhfs.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.cologop.org (Check if address is changed) DATE 02 08 2023 C00033134 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. Benson, Michael, , , Type or Print Name of Treasurer Benson, Michael, , , [Electronically Filed] Date 02 80 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information I	below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	. (Complete the candidate
Name of Candidate	<u></u>
Candidate Office Party Affiliation Sought: House Senate P	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (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 separ committee. (i.e., nonconnected committee)	rate 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.)	
(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 accou	unts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net procedure committees/organizations, at least one of which is an authorized committee of a federal of the committee of a federal of the committee of the committee of a federal of the committee of	•
This committee collects contributions, pays fundraising expenses and disburses net procedure committees/organizations, none of which is an authorized committee of a federal candidate.	·
Committees Participating in Joint Fundraiser O'DEA VICTORY COMMITTEE 1. Committees Participating in Joint Fundraiser	C00820829
	1 1 1 1 1 1 1

Treasurer

	_			
I	FEC Form 1 (Revis	sed 02/2009)		l Page 3
V	/rite or Type Committee N	· · · · · · · · · · · · · · · · · · ·		, age 9
		REPUBLICAN COMMITTEE	<u> </u>	
6.		ed Organization, Affiliated Committee, Joint Fundrais		ership PAC Sponsor
		NATE VICTORY 2022	5 ,	
	Mailing Address	PO BOX 9891		
		ARLINGTON	VA 2221	9
		OTT/		7ID 0005 :
	_	CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization X Joint F	Fundraising Representative	Leadership PAC Sponso
7.	books and records.	Identify by name, address (phone number optional) and on, Michael, , ,	position of the person in posse	ssion of committee
	Full Name	,,,		
	Mailing Address	PO Box 202		
		Julesburg	CO 8073	7
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 =	SIAIL =	211 OODL =
	Treasurer	Telep	hone number 303 -	758 - 3333
8.	Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasue.g., assistant treasurer).	rer of the committee; and the	name and address of
	Full Name Benso	on, Michael, , ,		
	of Treasurer			
	Mailing Address	PO Box 202		
		Julesburg	CO 8073	7
		OTT A	OTATE A	710.0005.4
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲

3333

303

Telephone number

758

FEC	C Form 1 (Revis	sed 02/2009)		Page 4
Full Nar Designa Agent		on, Michael, , ,		
Mailing	Address	PO Box 202		
		Julesburg		80737
T 11	Decition —	CITY ▲	STATE ▲	ZIP CODE ▲
Treasu	Position ▼ rer		Telephone number 303	
. Banks of safety de	or Other Depos eposit boxes or	itories: List all banks or other depositories in maintains funds.	which the committee deposits funds	, holds accounts, rents
Name of	Bank, Deposito	ory, etc.		
	Cen	tennial Bank		
Mailing /	Address	13700 Arapahoe Road		
		Centennial	CO 80	0112
		CITY ▲	STATE ▲	ZIP CODE ▲
Name of	Bank, Deposito	ory, etc.		
Mailing /	Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

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

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				_
5(g)	or(h). Joint Fundraisin	g Participant:	FEC ID number	C
	1.		FEC ID number	C
	2.			
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVENUE		
		ATHENS	GA GA	30605
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
3.		by name, address (phone number - optional)		
3.	Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A

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

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5(g) or (h)). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	TAKE BACK THE	SENATE		
		PO BOX 9891		
	Mailing Address			
		ARLINGTON	VA	22219
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	_	Organization Affiliated Committee Joint F		ative Leadership PAC Sponsor
8. Des	signated Agent: Identify	by name, address (phone number – optional)		
8. Des	signated Agent: Identify Full Name	by name, address (phone number – optional)		
8. Des		by name, address (phone number – optional)		
8. Des	Full Name	by name, address (phone number – optional)		
8. Des	Full Name			
8. Des	Full Name	CITY A	STATE A	ZIP CODE A
8. Des	Full Name	CITY A	STATE A	
9. Bar safe	Full Name	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE 🛦
9. Bar safe	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositoriety deposit boxes or main me of Bank, pository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE 🛦