FEC

Only

STATEMENT OF

PAGE 1/7 -

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Thin Blue Line PAC 4075 Linglestown Rd ADDRESS (number and street) PMB 119 (Check if address is changed) Harrisburg 17112 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address joel@rightwaycompliance.com is changed) Optional Second E-Mail Address jljukus@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00882134 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Jukus, Joel,, 09 18 2024 Signature of Treasurer Jukus, Joel, , , Date 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	EC 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 cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(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.	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	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 fur committee. (i.e., nonconnected committee)	ınd 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.	ore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Committees Participating in Joint Fundraiser	
	1	

J	FEC Form 1 (Revised 0)	2/2009)	Page 3
۷	Vrite or Type Committee Name	A.C.	
6.	Thin Blue Line P. Name of Any Connected Or EVANS, TIMOTHY G	ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Mailing Address	14410 COUNTY ROAD 10	
	Mailing Address	I	
		FORT LUPTON CO	80621
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	e X Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the person in	possession of committee
	Jukus, Joel	,,	
		4075 Linglestown Rd	
	Mailing Address	PMB 119	
		Harrisburg	17112
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	7 - 395 - 1636
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	nd the name and address of
	Full Name Jukus, Joel of Treasurer	,, 	
	Mailing Address	4075 Linglestown Rd	
		PMB 119	
		Harrisburg PA	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	. 747	7
	Treasurer	Telephone number	

I	FEC Form 1	(Revised 02/2009)	Page 4
	Name of gnated		
Maili	ing Address		
Title	or Position	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone number]
		Depositories: List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	, holds accounts, rents
Name	e of Bank, D	Depository, etc.	
		First National Bank of PA	
Mailir	ng Address	3015 Glimcher Blvd	
		Hermitage PA 16	6148
		CITY ▲ STATE ▲	ZIP CODE ▲
Name	e of Bank, D	pepository, etc.	
Mailir	ng Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page	of ⁷	
raue	OI.	

h). Joint Fundraisi	3		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
		,	
Evans Victory Comn	Organization, Affiliated Committee, Joint Funittee	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	4075 Linglestown Road		
	#119		
	Harrisburg	PA	17112
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afty deposit boxes or mame of Bank,	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

	. 7	
Page	of '	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
_	I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Mailing Address	9235 N UNION BLVD		
	STE 150-164		
Relationship:	COLORADO SPRINGS CITY	CO STATE ▲	80920 ZIP CODE ▲
П.		Fundraising Representa	
Designated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _ Mailing Address	CITY A Te	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank,	CITY A Te	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the property of the position of Bank, Depository, etc.	CITY A CITY A Telepries: List all banks or other depositories in which paintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the property of the position of Bank, Depository, etc.	CITY A CITY A Telepries: List all banks or other depositories in which paintains funds.	elephone Number	

FEC Form 1S (Revised 02/2017)

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

_	. 7	
Page	of '	

h). Joint Fundraisi	ng rartioipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
New Generation Co	lorado PAC		
I			
Mailing Address	4075 Linglestown Rd		
	#119 		
	Harrisburg	PA	17112
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join ify 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		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	st Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional) CITY CITY		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional) CITY CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the property of the property of the property of the property deposit boxes or make the	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	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,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent