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) is changed) over the lines. Colorado Rising PAC 10628 Worthington Circle ADDRESS (number and street) (Check if address is changed) Parker 80134 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@coloradorisingpac.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.coloradorisingpac.org (Check if address is changed) DATE 01 2019 C00701060 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. Dolan, Sarah, , , Type or Print Name of Treasurer Dolan, Sarah, , , [Electronically Filed] 10 15 2019 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	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
<b>(5)</b>			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commodoks and records.  Dolan, Sarah, , ,  Full Name  PO Box 36239  Mailing Address  PO Box 36239  Title or Position  CITY  STATE  ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Dolan, Sarah, , ,  PO Box 36239  Denver  CO 80236  CITY  STATE  ZIP CODE	FEC Form 1 (Revise		Page <b>3</b>
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponson NONE    Mailing Address	Vrite or Type Committee Na	me	
Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records.  Full Name  PO Box 36239  Denver Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Dolan, Sarah, , ,	Colorado Risir	ng PAC	
Mailing Address    City   State   Zip Code	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee Dolan, Sarah, , ,  Full Name Denver Dona 36239  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  PO Box 36239  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  PO Box 36239  Mailing Address  PO Box 36239  Mailing Address  PO Box 36239  CITY STATE ZIP CODE	ONE		
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spot Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Dolan, Sarah, , ,  Full Name PO Box 36239  Mailing Address  Treasurer List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Dolan, Sarah, , ,  PO Box 36239  Mailing Address  PO Box 36239  Mailing Addre	Mailing Address		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spot Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Dolan, Sarah, , ,  Full Name PO Box 36239  Mailing Address Treasurer  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  PO Box 36239  Treasurer Dolan, Sarah, , , of Treasurer  Dolan, Sarah, , , of Treasurer  Dolan, Sarah, , , of Treasurer  Dolan, Sarah, , , of Treasurer  Mailing Address PO Box 36239			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spot Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Dolan, Sarah, , ,  Full Name Denver CO 80236  Title or Position CITY STATE ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  PO Box 36239  Mailing Address			
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commodoks and records.  Full Name    Dolan, Sarah, .,		CITY STAT	E ZIP CODE
books and records.  Full Name  Mailing Address  PO Box 36239  Denver  Denver  Denver  Denver  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  PO Box 36239  CITY  STATE  Dolan, Sarah, , , of Treasurer  Dolan, Sarah, , , of Treasurer  CITY  STATE  CITY  STATE  ZIP CODE			
Full Name Mailing Address  PO Box 36239  Denver  CO  B0236  Title or Position  CITY  STATE  ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  PO Box 36239  Denver  CO  B0236  CITY  STATE  ZIP CODE		entity by frame, address (priorie number optional) and position of t	ne person in possession of committee
Mailing Address    PO Box 36239		Sarah, , ,	
Denver  Denver  CO 80236  Title or Position  CITY  STATE  ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Dolan, Sarah, , , of Treasurer  Mailing Address  PO Box 36239  Denver  CITY  STATE  ZIP CODE		PO Box 36239	
Title or Position  CITY  STATE  ZIP CODE  Treasurer  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  PO Box 36239  Denver  CITY  STATE  ZIP CODE	Mailing Address		
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any designated agent (e.g., assistant treasurer).  Full Name	Treasurer		720 - 218 - 9478
Mailing Address  PO Box 36239  Denver  CITY  STATE  ZIP CODE			ittee; and the name and address of
Denver  CITY  STATE  ZIP CODE		arah, , ,	
CITY STATE ZIP CODE	Mailing Address	PO Box 36239	
CITY STATE ZIP CODE			
		Denver   CO	80236
	Title or Position	CITY STATE	ZIP CODE

FEC FOR	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Dolan, Sarah, , ,	
Mailing Address	PO Box 36239	
	Denver CO 80236	-   -
	CITY STATE ZI	IP CODE
Title or Position Treasurer		18 9478
Banks or Other safety deposit b Name of Bank,	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.  Depository, etc.	accounts, rents
safety deposit b	oxes or maintains funds.	accounts, rents
safety deposit b	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	accounts, rents
safety deposit b Name of Bank,	Chain Bridge Bank  1445-A Laughlin Ave  McLean  VA 22101	Accounts, rents
safety deposit b Name of Bank,	Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Z	
safety deposit b Name of Bank, Mailing Address	Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Z	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Z  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Z  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Z  Depository, etc.	