Image# 201902069145475263				PAGE 1 / 4
FEC FORM 1	0.5			
1. NAME OF	(Check if name	Example:If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
		2010		
ADDRESS (number and street)	1515 E 9TH AVE			
(Check if address	APT 305			
is changed)			CO80218	3
			L⊥_ L⊥_ STATE ▲	
OMMITTEE'S E-MAIL ADDRE	-88			
(Check if address is changed)	blissrebecca@msn.cor	n 		
	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
2. DATE 02 0	6 [/] ^Y ^Y ^Y ^Y ^Y ^Y			
3. FEC IDENTIFICATION N	UMBER ► C C	00467118		
I. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
-				
ype or Print Name of Treasure	er Rivera, Patricia, Barela, ,			
Signature of Treasurer	ra, Patricia, Barela, ,	[Electronically Filed]	Date 02	06 / Y Y Y Y 06 2019
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion	EC FORM 1 (Revised 06/2012)

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I	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE	
Can	ndidate	e 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. (Comp information below.)	lete the candidate
Nam Cano	e of didate	Romanoff, Andrew, H., ,	
	didate y Affiliati	on DEM Office Sought: House X Senate President	State CO District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Canc	e of didate		
Par	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

|-|

1.1

- |

Write or Type Committee Name

Assistant Treasurer

ROMANOFF FOR COLORADO 2010

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

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.										
Bliss, Rebe	ecca, , , 									
Mailing Address	L									
	Denver		218							

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).

Telephone number

Full Name of Treasurer	Rivera, Patricia, Barela, ,
Mailing Address	400 E 3rd Ave
	Denver CO 80203 - <th< td=""></th<>
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 303 - 813 - 1580

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Full Name of Designated Agent	Bliss, Rebe	ecca, , ,																				
Mailing Address		1515 E 9th A	lve																			
													0		8	0218						
				CIT	Ϋ́							STA	ΤE				Z	IP	COI	DE		
Title or Position	urer						-	Felep	hon	e n	uml	ber			1	– [

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.

	Vectra Bank		
Mailing Address	2000 S Colorado Blvd		
	Ste 2		
	CITY	STATE ZIP CODE	
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	