Only

STATEMENT OF

PAGE 1 / 7

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. Aadland for Colorado PO Box 630552 ADDRESS (number and street) (Check if address is changed) Littleton CO 80163 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS erik@aadlandforcolorado.com (Check if address is changed) Optional Second E-Mail Address treasurer@aadlandforcolorado.com COMMITTEE'S WEB PAGE ADDRESS (URL) aadlandforcolorado.com (Check if address is changed) DATE 04 2021 C00781492 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. Bjorklund, Tom, , , Type or Print Name of Treasurer Bjorklund, Tom, , , [Electronically Filed] 08 15 2022 Signature of Treasurer 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate in	nformation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate
Name of Candidate Aadland, Erik, , ,	
Candidate Party Affiliation REP Office Sought: House Senate	President State CO District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorize	
Name of Candidate	
Party Committee: (d) This committee is a (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 on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	=
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 N committee. (i.e., nonconnected committee)	OT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor o	n line 6.)
(g) This committee is an independent expenditure-only political committee (Super	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
	ution accounts (Hybrid DAC)
(h) This committee is a political committee with both contribution and non-contrib	ulion accounts (nybriu FAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of	
(j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
TAKE BACK THE HOUSE 2022	C C00766782

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	rite or Type Committee Name Aadland for Co	lorado	
6.		ganization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor
	Marie - Address	PO BOX 30844	
	Mailing Address		
		BETHESDA	MD 20824
		CITY ▲ ST.	ATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Re	
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the	e person in possession of committee
	Bjorklund, 7	om, , ,	
	Full Name Mailing Address	PO Box 630002	
		Littleton	CO 80163
		CITY ▲ ST.	ATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	970 - 433 - 9068
8.	Treasurer: List the name and any designated agent (e.g., a		mmittee; and the name and address of
	of Treasurer		
	Mailing Address	PO Box 630002	
		Littleton	CO 80163
	Tille on Berlin	CITY ▲ ST.	ATE ▲ ZIP CODE ▲
	Title or Position ▼		ı 970 ı ı 433 ı ı 9068
	Treasurer	Telephone number	. 970 - 433 - 9068

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depos safety deposit boxes or	itories: List all banks or other depositories in w maintains funds.	hich the committee deposits fund	ds, holds accounts, rents
Name of Bank, Deposito	ory, etc.		
Wel	ls Fargo		
Mailing Address	420 Montgomery St		
	San Francisco	CA	94163
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposito	ory, etc.		
Evo	lve Bank & Trust		
Mailing Address	301 Shoppingway Bouldevard		
	West Memphis	AR L	72301
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	320 1ST STREET, SE		
		WASHINGTON	DC	20003
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
	Banks or Other Depositor safety deposit boxes or ma Name of Bank,	ries: List all banks or other depositories in which intains funds.	n the committee deposit	ts funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

FEC Form 1S (Revised 02/2017)

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

Page ___6 **of** _____

h). Joint Fundrais i	.	FEC ID number	C
1.			C
2.		FEC ID number	
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representativ	e or Leadership PAC Spon
	-07 REPUBLICAN NOMINEE FUND 2		-, <u></u>
Mailing Address	PO BOX 30844		
	BETHESD	, MD,	20824
Deletienehin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
	ed Organization Affiliated Committee Joint ify by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		Fundraising Represent	Leadership PAC S
esignated Agent: Ident		Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
AADLAND FOR	CO-07		
	PO BOX 30844		
Mailing Address	FO BOX 30044		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Join ify by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	ed Organization X Affiliated Committee Join Ify by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Join Ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	ed Organization Affiliated Committee Join Ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	Affiliated Committee Join Join 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 anks or Other Deposite afety deposit boxes or market.	Affiliated Committee Join Join 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 anks or Other Deposit	Affiliated Committee Join Join 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 anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Join Join 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 anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join Join 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 anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join Join Ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A