Only

STATEMENT OF

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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. Joey Camp 2020 For Everything 5514 Lewiston Street ADDRESS (number and street) (Check if address is changed) Denver 80239 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS joeycamp2020@gmail.com (Check if address is changed) Optional Second E-Mail Address Joey@joeycamp2020.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.joeycamp2020.com (Check if address is changed) DATE 2020 C00734772 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. Camp, Joey, , , Type or Print Name of Treasurer Camp, Joey, , , [Electronically Filed] 01 15 2020 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	C For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE .	
	aate	Committee: This committee is a principal committee (Complete the condidate information below)	,
(a)	_	This committee is a principal campaign committee. (Complete the candidate information below	.)
(2)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candida		Camp, Joey, , ,	
Candida		Office Sonato X Prosident	State
Party Af	filiatio	on IND Sought: House Senate X President	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat			
Party (Com	ımittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint F	und	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
C	Comi	mittees Participating in Joint Fundraiser	
1	1.	FEC ID number	
2	2.	FEC ID number	
3	3.	FEC ID number	
4	4.	FEC ID number	

Write or Type Committee Name Joey Camp 2020 For Everything 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PACE NONE Mailing Address	C Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	C Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	C Sponsor
Mailing Address	
Mailing Address	
	1
CITY STATE ZIP CO	DDE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership	PAC Sponso
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. 	of committee
Camp, Joey, , ,	
Mailing Address 5514 Lewiston Street	
	1 1 1 1
Denver CO 80239	-
Title or Position CITY STATE ZIP CO)DE
Sir Telephone number	- 5240
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).	address of
Full Name Camp, Joey, , , of Treasurer	
Mailing Address 5514 Lewiston Street	
Denver CO 80239	
CITY STATE ZIP CO Title or Position	DE
Sir	- 5240

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Full Name of Designated Ca	amp, Joey, , ,	
Mailing Address	5514 Lewiston Street	
	Denver CO 8023 CITY STATE	ZIP CODE
Title or Position Sir.	Telephone number	
 Banks or Other Dep safety deposit boxes 	positories: List all banks or other depositories in which the committee deposits funds, he committee deposits funds	nolds accounts, rents
Name of Bank, Depo	ository, etc.	1
Name of Bank, Depo		<u> </u>
Name of Bank, Depo	eyBank	
Name of Bank, Depo	eyBank	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Bank, Depo	eyBank 27 Public Square	4 2IP CODE
Name of Bank, Depo	eyBank 27 Public Square Cleveland CITY STATE	
Name of Bank, Depo	eyBank 27 Public Square Cleveland CITY STATE	
Name of Bank, Depo	eyBank 27 Public Square Cleveland CITY STATE	
Name of Bank, Depo	eyBank 27 Public Square Cleveland CITY STATE	
Name of Bank, Depo	eyBank 27 Public Square Cleveland CITY STATE	