| Image# 202405199646093337 | | | | PAGE 1 / 6 |
|-----------------------------------|-------------------------------|--------------------------------------------------------------------------|------------------------|----------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | - | | |
| | (Chaoly if nome | Example of turning turns | | ce Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| COLORADO REPL | JBLICAN COMMI [.] | TTEE | | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 5950 S. WILLOW DRIVE | | | |
| (Check if address is changed) | SUITE 210 | | | |
| | GREENWOOD VILLAGE | | CO 801 | 1 |
| | CITY A | | STATE A | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | tom@cologop.org | | | |
| | Optional Second E-Mail Ad | dress | | |
| | dave@cologop.org | | | |
| (Check if address is changed) | www.cologop.org | | | |
| 2. DATE 05 / 1 | | | | |
| 3. FEC IDENTIFICATION N | | 00033134 | | |
| | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined th | ais Statement and to the best | of my knowledge and ballef | it is true correct and | complete |
| ooning that i have examined th | ine oracement and to the Dest | or my knowledge and beller | | |
| Type or Print Name of Treasure | r Bjorklund, Tom, , , | | | |
| Signature of Treasurer Bjork | lund, Tom, , , | | Date 05 | 19 / Y Y Y Y 2024 |
| NOTE: Submission of false, erron | | may subject the person signing TION SHOULD BE REPORTED | | penalties of 52 U.S.C. §30 |
| Office | | For further information | contact: | FEC FORM 1 |
| Use Only | | Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | sion | (Revised 06/2012) |

05/19/2024 22 : 36

| FEC Form | 1 (Revised 03/2022) | Page 2 |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 5. TYPE C | DF COMMITTEE: | |
| Candid | late 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 th information below.) | e candidate |
| Name Candio | | |
| Candio Party | date Office Affiliation Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | | |
| Nam Cano | ne of didate | |
| Party (| Committee: | |
| (d) × | This committee is a STA (National, State PEP (Democratic | c, , etc.) Party |
| Politica | al Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: |
| | Corporation Corporation w/o Capital Stock | Organization |
| | Membership Organization Trade Association Coopera | ative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | d 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.) | |
| (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 PA | AC). |

Joint Fundraising Representative:

2.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser O'DEA VICTORY COMMITTEE C00820829 С 1. С

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

| FEC Form 1 (Revised 02 | 2/2009) | Page 3 |
|------------------------------|------------------------------------------------------------------------------|-------------------|
| Write or Type Committee Name | | |
| COLORADO REI | PUBLICAN COMMITTEE | |
| 6. Name of Any Connected Org | ganization, Affiliated Committee, Joint Fundraising Representative, or Leade | rship PAC Sponsor |
| | E VICTORY 2022 | |
| | | |
| Mailing Address | PO BOX 9891 | |
| | | |

VA

STATE

X Joint Fundraising Representative

22219

ZIP CODE

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.

CITY

Affiliated Organization

ARLINGTON

Connected Organization

| Allan, Greg | , , , | | | 1 |
|---------------------|-----------------|---------------|------------|------------|
| Full Name | | | | |
| Mailing Address | 834F S Perry st | | | |
| | #530 | | | |
| | Castle Rock | | CO 80104 | |
| | CITY ▲ | | STATE A | ZIP CODE |
| Title or Position ▼ | | | | |
| Assistant Treasurer | | Telephone nur | nber 303 - | 758 - 3333 |

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).

| Full Name | , Bjorklund, Tom, , , |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| of Treasurer | |
| Mailing Address | 202 North Ave |
| | |
| | Grand Junction CO 81501 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | n |
| Treasurer | Image: |

| Full Name of Designated Agent | Bjorklund, To | ōom, , , | | | | | | | | | | | | 1 1 | | 1 1 | | | | | |
|-------------------------------------|---------------|--------------------|----|------|--|--|----|-------|------|------|----|------|-----|------|--------|-----|-----|----|----|----|--|
| Mailing Address | | 202 North Ave #159 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | Grand Junction | | | | | | | | | | co | | 8150 | 01 | | | | | | |
| | | | CI | TY 🔺 | | | | | | | S | TATE | | | | ZIP | COL | ЭЕ | | | |
| Title or Position | • | | | | | | | | | | | | | | | | | | | | |
| Treasurer | | | | | | | Te | elepi | none | e nu | mb | er | 970 | | | 433 | | | 90 | 68 | |

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.

| Ĺ | Centennial Bank | | |
|----------------------|--------------------------------|----------|----------|
| Mailing Address | 13700 Arapahoe Road | | |
| | | | |
| | Centennial | | 2 |
| | CITY 🔺 | STATE A | ZIP CODE |
| Name of Bank, De | epository, etc. Alpine Bank | | |
| L Mailing Address | 2200 Grand Avenue | | |
| | | | |
| | Glenwood Springs | CO 8160' | |
| | CITY 🔺 | STATE A | ZIP CODE |

FEC Form 1S (Revised 02/2017)

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

| 1. | | | FEC | ID number | С | | |
|-----------------------|------------------|-------------------------|------------------|---------------|---------|----------|------------|
| 2. | | | FEC | ID number | С | | |
| 3. | | | FEC | ID number | С | | |
| 4. | | | FEC | ID number | С | | |
| lame of Any Connected | Organization Aff | listed Committee Joint | Fundraising P | Poprocontativ | or Load | orchin D | AC Spons |
| | - | | | | | | |
| | | | | | | | |
| Mailing Address | PO BOX 30844 | | | | | | |
| | | | | | | 1 1 1 | |
| | BETHESDA | | | MD | 2082 | 4 | |
| Relationship: | | | | L STATE ▲ | | ZIP CO | |
| | d Organization | | × Joint Fundrais | | | | ip PAC Spo |
| | | s (phone number – optic | | | | | |
| Full Name | <u> </u> | | | | | | |
| Full Name | | | | | | | |
| | | | | | | | |
| Mailing Address | | | | | | | - |
| Mailing Address | | | Telephone | | | | |

FEC Form 1S (Revised 02/2017)

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

| 5(g) or (h). | Joint Fundraising | g Participant: | |
|----------------|----------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| 1. | | | FEC ID number |
| 2. | | | FEC ID number C |
| 3. | | | FEC ID number |
| 4. | | | FEC ID number |
| 6. Name | of Any Connected | Organization, Affiliated Committee, Joint Fundra | ising Representative, or Leadership PAC Sponsor |
| | ROW THE MAJORI | - | ······································ |
| | | | |
| | Mailing Address | 228 S WASHINGTON ST STE 115 | |
| | | 1 | |
| | | ALEXANDRIA | VA 22314 |
| | Relationship: | | STATE A ZIP CODE A |
| | Connected | d Organization | Fundraising Representative |
| - | Ill Name | v by name, address (phone number - optional) | |
| M | ailing Address | | |
| | | | |
| | | 1 | |
| т | TILE OR POSITION | | STATE ▲ ZIP CODE ▲ |
| L | | 1 | ephone Number |
| | s or Other Depositor deposit boxes or mai | | he committee deposits funds, holds accounts, rents |
| | of Bank, sitory, etc. | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | | |