FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		INIZATION astructions)	Office use only
NAME OF COMMITTEE (in a	(Check if n is changed		12FE4M5
JOAN FITZ-GE	RALD FOR CONGRESS C	OMMITTEE	
ADDRESS (number and s	Box 401, 9975	Wadsworth Parkway	
The result of th	Unit K-2		
(Check if address is changed)			CO 80021 _
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI			
idspreyer@aoi			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
http://www.joa	anfitz-gerald.com		
COMMITTEE'S FAX N	IUMBER		
2. DATE 0.8	/ D D / Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00433979	
4. IS THIS STATEM	ENT X NEW (N)	OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best o	f my knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Stephanie	Takis	
Type of Tillit Name of			
Signature of Treasurer	Electronically Filed by Ste	phanie Takis	Date 08 / 24 / 2007
NOTE: Submission of fal	•	ation may subject the person signing this s	Statement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955 Local 202 694 1100	mission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) X 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 the call information below.)	ndidate
	Name of Joan Fitz-Gerald Candidate	
	Candidate Party Affiliation  Office Sought:  X House Senate President	State CO District 2
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the Rep	nocratic, ublican,etc.) Party.
	(f) This committee is a separate segregated fund  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	d or party
ô.	Name of Any Connected Organization or Affiliated Committee	
	None	
L		
	Mailing Address	
		<b>.</b>
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	n
	Membership Organization Trade Association Cooperative	

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V	Vrite or Type Committee	Name					<u> </u>
	JOAN FITZ-GER	ALD FOR CONGRESS	S COMMITTEE				
7.		ds: Identify by name, nmittee books and rec	address, (phone numbords.	per optional), and po	sition of the	e person in	
	Full Name	Frank D Spreyer					
	Mailing Address	P	PO Box 18245				
			Denver		80	80218 _	
	Title or Position ♥		CITY A	STA	ATE <b>▲</b>	ZIP COD	E 🛦
	Dep	outy Treasurer		Telephone number	303	365	2090
				r diopnione number			
name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Stephanie Takis							
	Mailing Address	1	927 Ironton St.				
			Aurora		80	80010 _	
	Title or Position ♥		CITY A	STA	ATE A	ZIP COD	E 🛦
	Tre	asurer		Telephone number	303	343	8303
	Full Name of Designated Agent	Frank D. Spreyer					
	Mailing Address	P	PO Box 18245				
			Denver		<u> </u>	80218 –	
	Title or Position ♥		CITY A	STA	TE ▲	ZIP CODI	<b>≜</b> ▲

303

Telephone number

365

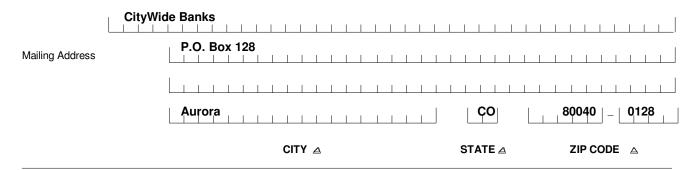
2090

**Deputy Treasurer** 

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**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.



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Membership Organization

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Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	intains funds.	tee deposits funds, holds accounts, re	
Mailing Address	1501 Pennsylvania Ave. NW  Washington  CITY △	DC 20005  STATE △ ZIP CO	
Name of Any Connected	Organization or Affiliated Committee	[ ADDITIO	NAL ]
Mailing Address			
			- [
	CITY	STATE ZIP CO	DDE 🛦
Relationship			
Type of Connected Organi	ization:		
Corporation	Corporation w/o Capital Stock	Labor Organization	

Trade Association

Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name LILILI  Mailing Address L		
Title or Position ♥	CITY A	
		elephone number