Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Cry Freedom PAC 750 Chipeta Drive ADDRESS (number and street) (Check if address is changed) Ridgway 81432 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ckoob@mbacg.com (Check if address X is changed) Optional Second E-Mail Address ijamęs@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2020 C00723338 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. Mulcahy, Ryan, , , Type or Print Name of Treasurer Mulcahy, Ryan, , , [Electronically Filed] 80 08 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 Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Com	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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)			areasted fund or porty
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Committee Nar		- J
Cry Freedom F	PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
7. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the pe	erson in possession of committee
	hristopher, , ,	
Full Name	611 Pennsylvania Ave SE	
Mailing Address	Ste 143	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; , assistant treasurer).	and the name and address of
	, Ryan, , ,	
of Treasurer		
Mailing Address		
	Didmunu	104420
	Ridgway CO STATE	81432
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Koob, Christopher, , ,	
Mailing Address	611 Pennsylvania Ave SE	
	Ste 143	
	Washington DC 20003 CITY STATE Z	IP CODE
Title or Position Assistant Treasu		
Surviv deposit no		
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank, [Depository, etc. Amalgamated Bank	
Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington DC 20006	ZIP CODE
Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, Dame of Bank, Da	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, [Mailing Address Name of Bank, [Mailing Address]	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, Dame of Bank, Da	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, [Mailing Address Name of Bank, [Mailing Address]	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	ZIP CODE
Name of Bank, [Mailing Address] Name of Bank, [Mailing Address]	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z Depository, etc.	ZIP CODE