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STATEMENT OF ORGANIZATION

| | | | C | Office Use Only |
|--|------------------------------|--|----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Hanks for Colorado |) | | | 1 |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 1430 E Sherwood Dr | | | |
| (Check if address | 1 | | | |
| is changed) | Grand Junction | | | 501 |
| | | | L L_I STATE ▲ | |
| | | | | |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | liz@lizcurtisassociates.com | | | |
| <i>,</i> | Optional Second E-Mail Add | dress | | |
| | | | | |
| (Check if address is changed) 2. DATE 01 | D / Y Y Y Y 3 2024 | | | |
| 3. FEC IDENTIFICATION NU | JMBER ► C co | 00864975 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined th | is Statement and to the best | of my knowledge and belief it | is true, correct and | d complete. |
| Type or Print Name of Treasure | Curtis, Elizabeth, , , | | | |
| Signature of Treasurer Curtis | s, Elizabeth, , , | | Date 01 | / D D / Y Y Y Y 08 2024 |
| NOTE: Submission of false, errone | | may subject the person signing the figure of | | e penalties of 52 U.S.C. §3010 |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| FE | C Form 1 (Revised 03/2022) | Page 2 |
|----|--|-------------------------|
| 5. | TYPE OF COMMITTEE: | |
| | Candidate Committee: | |
| | (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 information below.) | he candidate |
| | Name of Candidate Hanks, Ron, , , | |
| | Candidate Party Affiliation REP Office Sought: X House Senate President | State CO District 03 |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republicar | ic, n, etc.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | ed organization is a: |
| | Corporation Corporation w/o Capital Stock | Organization |
| | Membership Organization Trade Association Cooper | 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) | ed 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 PAC).

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

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

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|------------------------------|---------------|
| Write or Type Committee Name | |
| Hanks for Colorado | |

| Mailing Address | | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|----|---|--|--|--|--|--|----|-----|--|--|---|----|----|-----|--|
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| | | | | | СП | Y | | | | | | ST | ٩ΤΕ | | | Z | ΊP | со | DE | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Curtis, | Elizabeth, , , |
|---------------------|---|
| Full Name | |
| Mailing Address | 441 N Lee St |
| | Ste 100 |
| | Alexandria VA 22314 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Treasurer | Telephone number 609 433 8620 |

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 | Curtis, Elizabeth, , , |
|-------------------|---|
| of Treasurer | |
| Mailing Address | 441 N Lee St |
| | Ste 100 |
| | Alexandria VA 22314 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | 7 |
| Treasurer | Telephone number 609 433 8620 |

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|-------------------------------------|------------------|----------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY A STATE A | ZIP CODE |
| Title or Position ▼ | | |
| | Telephone number | |

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.

| | Chain Bridge Bank | | |
|-----------------|--------------------|---------|------------|
| Mailing Address | 1445A Laughlin Ave | | |
| | | | |
| | McLean | VA 2210 | |
| | CITY A | STATE A | ZIP CODE |
| Name of Bank, D | epository, etc. | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE A | ZIP CODE ▲ |