

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

COLORADO RED WAVE VICTORY FUND

ADDRESS (number and street) (Check if address
is changed)

9235 N UNION BLVD

STE 150-164

CITY ▲ COLORADO SPRINGS

STATE ▲ CO

80920

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

COLORADOREDWAVE@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)2. DATE / / 3. FEC IDENTIFICATION NUMBER ► 4. IS THIS STATEMENT NEW (N) 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.

Type or Print Name of Treasurer YOUNG, JASON, , ,

Signature of Treasurer YOUNG, JASON, , ,

Date / / NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

COLORADO RED WAVE VICTORY FUND**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative 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.

Full Name

YOUNG, JASON, , ,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

617 - 303 - 6800

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
of Treasurer

YOUNG, JASON, , ,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

617 - 303 - 6800

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

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, N.A.

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. JEFF HURD FOR CONGRESS

2. AMERICA'S MOUNTAIN PAC

3. THIN BLUE LINE PAC

4. COLORADO WESTERN POLITICAL ACTION COMMITTEE

FEC ID number

 C00848333

FEC ID number

 C00883413

FEC ID number

 C00882134

FEC ID number

 C008853196. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 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. Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. NRCC

2.

3.

4.

FEC ID number

 C00075820

FEC ID number

FEC ID number

FEC ID number

 6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

TITLE OR POSITION ▼

 Telephone Number

Telephone Number

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Depository, etc. Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲