Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Barris for Congress** 24853 Chris Drive ADDRESS (number and street) (Check if address is changed) Evergreen 80439 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS barris4congress@gmail.com (Check if address is changed) Optional Second E-Mail Address katie@strategiccompliancellc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2018 C00680306 FEC IDENTIFICATION NUMBER > 3. 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. Kennedy, Katie, , , Type or Print Name of Treasurer Kennedy, Katie, , , [Electronically Filed] 06 2018 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 • 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. (Com	
Nam	e of	information below.)  Barris, Roger, , ,	
Cano	didate		
	didate v Affiliati	on LIB Office Sought: House Senate President	State
i aity	y Aiiiiau	Sought. • House Senate Hesident	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

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Write or Type Committee I	Name	
Barris for Co	ngress	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Kenn Full Name	nedy, Katie, , ,	
Mailing Address	2318 Curtis Street	
J		
	Denver CO 8	0205
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 369 2266
<b>Treasurer:</b> List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Kenne of Treasurer	edy, Katie, , ,	
Mailing Address	2318 Curtis Street	
		0205 -   -   -
Title or Position	CITY STATE	ZIP CODE
Treasurer	719 	_ 369 2266

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hol es or maintains funds. epository, etc.	
safety deposit box Name of Bank, De	es or maintains funds.	
safety deposit box Name of Bank, De	es or maintains funds. epository, etc.  Bank of America	
safety deposit box Name of Bank, De	es or maintains funds. epository, etc.  Bank of America	
safety deposit box Name of Bank, De	es or maintains funds. epository, etc.  Bank of America  6930 S. University Blvd	ZIP CODE
safety deposit box Name of Bank, De	es or maintains funds.  epository, etc.  Bank of America  6930 S. University Blvd  Centennial  CO  80122	
safety deposit box Name of Bank, De Mailing Address	es or maintains funds.  epository, etc.  Bank of America  6930 S. University Blvd  Centennial  CO  80122	
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