Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marina Zimmerman For Congress 188 Hustlers Rest ADDRESS (number and street) PO Box 1627 (Check if address is changed) Arboles 81121 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS marina4colorado3rd@gmail.com (Check if address is changed) Optional Second E-Mail Address marinahd2001@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) marinazimmerman.coom (Check if address is changed) DATE 09 2021 C00777102 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. Zimmerman, Marina, , , Type or Print Name of Treasurer Zimmerman, Marina, , , [Electronically Filed] 80 2021 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

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	Complete the candidate
Name of Candidate Zimmerman, Marina, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State CO t 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	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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 committee. (i.e., nonconnected committee)	e segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3. FEC ID number C	
4.	

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Write or Type Committee		- 0
Marina Zimm	nerman For Congress	
	eted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
Manning Address		
		1
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the po	erson in possession of committee
Zimn Full Name	nerman, Marina, , ,	
Mailing Address	188 Hustlers Rest	
Mailing Address		
	Arboles	81121
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	970 - 799 - 3183
	ne and address (phone number optional) of the treasurer of the committee; e.g., assistant treasurer).	and the name and address of
Full Name Zimm of Treasurer	nerman, Marina, , ,	
Mailing Address	188 Hustlers Rest	
	Arboles	81121
Title or Position Candidate	CITY STATE	ZIP CODE 970 799 3183
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo	TBK Bank SSB	nus accounts, Tents
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, [Depository, etc. TBK Bank SSB 125 Sawyer Drive	
safety deposit bo Name of Bank, [Depository, etc. TBK Bank SSB 125 Sawyer Drive	
safety deposit bo Name of Bank, [Depository, etc. TBK Bank SSB 125 Sawyer Drive Durango CITY STATE	3
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. TBK Bank SSB 125 Sawyer Drive Durango CITY STATE Depository, etc.	3
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. TBK Bank SSB 125 Sawyer Drive Durango CITY STATE	3 1
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. TBK Bank SSB 125 Sawyer Drive Durango CITY STATE Depository, etc.	3 1
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. TBK Bank SSB 125 Sawyer Drive Durango CITY STATE Depository, etc.	3 1
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. TBK Bank SSB 125 Sawyer Drive Durango CITY STATE Depository, etc.	3 1