| FEC<br>FORM 1   | STATEMEN<br>ORGANIZA   |  | Off                  | PAGE 1 / 4                      |
|---|--|--|----------------------|---------------------------------|
| 1. NAME OF<br>COMMITTEE (in full)                           | (Check if name is changed)                                     | Example: If typing, type over the lines.   | 12FE4M5              |                                 |
| Dempsey for Co  | lorado   |  |                      |                                 |
|   |  |  |                      |                                 |
| ADDRESS (number and street)                                 | 14405 W Colfax Ave   |  |                      |                                 |
| (Check if address is changed)                               | # 258  |  |                      |                                 |
| is changedy   | Lakewood   |  |                      | 01-3247                         |
|   | CITY A   |  | STATE A              |                                 |
| COMMITTEE'S E-MAIL ADDR                                     | ESS  |  |                      |                                 |
| (Check if address is changed)                               | info@dempseyforcolora  |  |                      |                                 |
|   | Optional Second E-Mail Add                                     |  |                      |                                 |
| COMMITTEE'S WEB PAGE AL<br>(Check if address<br>is changed) | DDRESS (URL)   |  |                      |                                 |
|   | b / Y Y Y Y<br>55 / 2022                                       |  |                      |                                 |
| 3. FEC IDENTIFICATION N                                     | IUMBER ► C co  | 00804450   |                      |                                 |
| 4. 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.                       |
| Type or Print Name of Treasur                               | er Fields, Andrea, , ,   |  |                      |                                 |
| Signature of Treasurer                                      | ds, Andrea, , ,  | [Electronically Filed]   | Date 05              | 15 / Y Y Y Y<br>2022            |
| NOTE: Submission of false, error                            | neous, or incomplete information i<br>ANY CHANGE IN INFORMATIO | nay subject the person signing to<br>DN SHOULD BE REPORTED W   |                      | penalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only                                       |  | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                      | FEC FORM 1<br>(Revised 06/2012) |

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| _                   |  |
|---------------------|--|
| FEC                 | Form 1 (Revised 02/2009) Page 2  |
| TYPE O              | F COMMITTEE  |
| Candio              | late 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. (Complete the candidate information below.)  |
| Name of<br>Candidat |  |
| Candida<br>Party Af |  |
| (C)                 | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of<br>Candidat |  |
| Party (             | Committee:   |
| (d)                 | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc.) Party.  |
| Politica            | al 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 segregated fund or party committee. (i.e., nonconnected committee)  |
|                     | In addition, this committee is a Lobbyist/Registrant PAC.  |
|                     | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
| Joint F             | undraising Representative:   |
| (g)                 | 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. |
| (h)                 | 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.         |
| C                   | committees Participating in Joint Fundraiser   |
| 1                   | FEC ID number  |
| 2                   | FEC ID number  |
| 3                   | FEC ID number  |
| 4                   |  |
|                     |  |

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Write or Type Committee Name

## Dempsey for Colorado

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

| None  |   |     |       |          |  |  |  |  |  |  |
|---|---|-----|-------|----------|--|--|--|--|--|--|
|   |   |     |       |          |  |  |  |  |  |  |
| Mailing Address   |   |     |       |          |  |  |  |  |  |  |
|   |   |     |       |          |  |  |  |  |  |  |
|   |   |     |       |          |  |  |  |  |  |  |
|   | C | ITY | STATE | ZIP CODE |  |  |  |  |  |  |
| Relationship: Connected Organization Affiliated Committee 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.

| Fields, And          | Irea, , ,                     |
|----------------------|-------------------------------|
| Full Name            |                               |
| Mailing Address      | 140 E. 19th Avenue            |
|                      | Suite 140                     |
|                      | Denver     CO     80203-1003  |
| Title or Position    | CITY STATE ZIP CODE           |
| Custodian of Records | Telephone number 303 596 5626 |

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<br>of Treasurer      | Fields, Andrea, , ,                      |
|--------------------------------|--|
| Mailing Address                | 140 E. 19th Avenue                       |
|                                | Suite 140                                |
|                                | Denver     CO     80203-1003     –       |
|                                | CITY STATE ZIP CODE                      |
| Title or Position<br>Treasurer | Image: Telephone number 303 - 596 - 5626 |

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| Full Name of<br>Designated<br>Agent |  |   |  |  |   |   |   |   |    |    |  |  |      |     |      |      | 1   |     | 1   | 1 |   |   | I  |     | 1  |   |  | _ |
|-------------------------------------|--|---|--|--|---|---|---|---|----|----|--|--|------|-----|------|------|-----|-----|-----|---|---|---|----|-----|----|---|--|---|
| Mailing Address                     |  |   |  |  |   |   |   |   |    |    |  |  |      |     |      |      |     |     |     |   |   |   |    |     |    |   |  |   |
|                                     |  | L |  |  |   | 1 |   |   |    |    |  |  |      |     |      |      |     |     |     |   |   |   |    |     |    |   |  |   |
|                                     |  |   |  |  | 1 | I | 1 | 1 |    |    |  |  |      |     |      |      |     |     | I   |   |   | 1 |    | 1   | ]- |   |  |   |
|                                     |  |   |  |  |   |   |   |   | CI | ΓY |  |  |      |     |      |      |     | ST/ | λΤΕ |   |   |   | ZI | > C | OD | Ε |  |   |
| Title or Position                   |  |   |  |  |   |   |   |   |    |    |  |  |      |     |      |      |     |     |     |   |   |   |    |     |    |   |  |   |
|                                     |  |   |  |  |   |   |   |   |    |    |  |  | Tele | eph | ione | e ni | umt | ber |     |   | _ |   |    |     |    |   |  |   |

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 I                     | Bridge Bank        |       |          |
|-----------------------------|--------------------|-------|----------|
| Mailing Address             | 1445A Laughlin Ave |       |          |
|                             |                    |       |          |
|                             | McLean             |       | 22101    |
|                             | CITY               | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc.               |       |          |
|                             |                    |       |          |
| Mailing Address             |                    |       |          |
|                             |                    |       |          |
|                             |                    |       |          |
|                             | CITY               | STATE | ZIP CODE |