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. Greg Lopez for Congress 36792 View Ridge Drive ADDRESS (number and street) (Check if address is changed) Elizabeth 80107 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address glopez9356@msn.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00875252 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. Type or Print Name of Treasurer Lopez, Greg, , Date 04 04 2024 Signature of Treasurer Lopez, Greg, , , 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 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) 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 information below.)	the candidate		
Name of Candidate Lopez, Greg, , ,			
Candidate Party Affiliation REP Office Sought: House Senate President	State CO District 04		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 04		
Name of Candidate			
Party Committee:			
(d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:		
Corporation Corporation w/o Capital Stock Labor	Organization		
Membership Organization Trade Association Coope	rative		
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.)			
(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 I	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
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			
1C			
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W	/rite or Type Committee Name			
	Greg Lopez for C	Congress		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor	
	NONE			
	Mailing Address			
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected		Leadership PAC Sponso	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possess	ion of committee	
	Lopez, Gre	g		
	Full Name	ji''		
	Mailing Address	36792 VIEW RIDGE DR		
		ELIZABETH CO 80107		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼	OIT 2	211 OODL =	
	Candidate		5963364	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	ame and address of	
	Full Name Lopez, Gre	g,,,	1	
		J36792 VIEW RIDGE DR		
	Mailing Address			
		ELIZABETH CO 80107		
		CITY ▲ STATE ▲	ZIP CODE ▲	
Title or Position ▼				
		Telephone number	596 3364	

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Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲		
	Telephone	number			
Banks or Other Depositorie safety deposit boxes or main	s: List all banks or other depositories in which the comrains funds.	mittee deposits funds, ho	lds accounts, rents		
Name of Bank, Depository, e	cc.				
FirsTier					
Mailing Address	115 S Walnut St				
	Kimball	NE 69145			
	CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY A	STATE ▲	ZIP CODE ▲		