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STATEMENT OF **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. Electing Women Political Action Committee PO Box 6536 ADDRESS (number and street) (Check if address is changed) Denver 80206 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS electing.women@gmail.com (Check if address is changed) Optional Second E-Mail Address llee@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://electingwomen.org/ (Check if address is changed) DATE 06 2021 C00472894 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. Wagner, Judith, , , Type or Print Name of Treasurer Wagner, Judith, , , [Electronically Filed] 04 06 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 Only Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE ce 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. (Coi information below.)	,
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	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 Fun	draising 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Comm		r age
	Vomen Political Action Committee	
	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in s.	possession of committee
Full Name	Lurie, Heather, , ,	1
Mailing Address	PO Box 6536	
Mailing Address		
	Denver CO 8020	06
Title or Position	CITY STATE	ZIP CODE
Assistant Treasu	rer Telephone number	
3. Treasurer: List the any designated ag	e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	name and address of
I	Wagner, Judith, , ,	1
of Treasurer	PO Box 6536	
Mailing Address		
	Denver	06 1 1
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	
I		

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Full Name of Designated Agent	urie, Heather, , ,	
Mailing Address	PO Box 6536	
	Denver CO 80206 CITY STATE ZIF	CODE
Title or Position Assistant Treasure	er Telephone number –	
	epositories: List all banks or other depositories in which the committee deposits funds, holds are or maintains funds.	ccounts, rents
Name of Bank, Dep		
	Alpine Bank	
	Alpine Bank 215 St Paul St	
<u> </u>	Alpine Bank 215 St Paul St Ste 100	
<u> </u>	Alpine Bank 215 St Paul St	
<u> </u>	Alpine Bank 215 St Paul St Ste 100 Denver CO 80206	P CODE
<u> </u>	Alpine Bank 215 St Paul St Ste 100 Denver CO 80206 CITY STATE ZIF	P CODE
Mailing Address Name of Bank, Dep	Alpine Bank 215 St Paul St Ste 100 Denver CO 80206 CITY STATE ZIF pository, etc. BOK Financial	P CODE
Mailing Address Name of Bank, Dep	Alpine Bank 215 St Paul St Ste 100 Denver CO 80206 CITY STATE ZIF	P CODE
Mailing Address Name of Bank, Dep	Alpine Bank 215 St Paul St Ste 100 Denver CO 80206 CITY STATE ZIF pository, etc. BOK Financial	P CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:						
1.				F	EC ID number	С	
2.				F	EC ID number	С	
3.				F	EC ID number	С	
4.				F	FEC ID number	С	
ame of Any Connected	Organization,	Affiliated Co	mmittee, Joint	Fundraisin	ng Representati	ve, or Lea	dership PAC Spor
Mailing Address							
Relationship:		Cl	TY 🛦		STATE 4	\	ZIP CODE ▲
	ed Organization fy by name, add		Committee		draising Represer	ntative	Leadership PAC S
esignated Agent: Identi					draising Represer	ntative	Leadership PAC S
esignated Agent: Identi					draising Represer	ntative	Leadership PAC S
esignated Agent: Identi					draising Represer	ntative	Leadership PAC S
esignated Agent: Identi	fy by name, add	dress (phone	number – optio	nal)			
esignated Agent: Identi	fy by name, add	dress (phone	number – optio	nal)			
esignated Agent: Identi	fy by name, add	dress (phone	number – optio	nal)			
gnated Agent: Identi Full Name Mailing Address	fy by name, add	dress (phone	number – optio	nal)			
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m	fy by name, add	dress (phone in the control of the c	number – optio	nal)	STATE A		ZIP CODE A
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