FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1. (a) Name of Candidate (in full)							
(b) Address (number and street) PO Box 371				2. Candidate's FEC Identification Number			
(c) City, State, and ZIP Code				H2CO0 3. Is This		Amend	led
Woody Creek	C	O 816	56	Statem		OR × (A)	cu
4. Party Affiliation	5. Office Sought		6. State & Dist	rict of Candid	ate		
DEMOCRATIC PARTY	House		CO	03			
DE	SIGNATION OF PR	RINCIPAL			TTEE		
7. I hereby designate the following nar	ned political committee as	my Principal	Campaign Comr		2024 (year of election)	election(s).	
NOTE: This designation should be f	iled with the appropriate of	fice listed in	the instructions.				
(a) Name of Committee (in full)							
ADAM FOR COLOF	RADO						
(b) Address (number and street)							
PO Box 371							
(c) City, State, and ZIP Code							
Woody Creek			CO	81656			
 8. I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) 	ned committee, which is NC	OT my princij			ceive and expend	funds on behalf of m	У
COLORADO 2023	VICTORY FUND						
(b) Address (number and street)							
600 PENNSYLVANIA AVE SE	#15180						
(c) City, State, and ZIP Code							
WASHINGTON			DC	20003			
I certify that I have exa	mined this Statement and	to the best of	[:] my knowledge a	and belief it is	true, correct and	complete.	
Signature of Candidate				Date			<u> </u>
Frisch, Adam, , ,				11/03/202	23		
NOTE: Submission of false, erroneous	or incomplete information	may subject	the person signir	ng this Statem	nent to penalties o	of 2 U.S.C. §437g.	
						FEC FORM 2 (REV. 02	2/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(a) Name of Committee (in full)

PRO-NORMAL PARTY VICTORY FUND

(b) Address (number and street)		
401 2ND AVE S		
STE 303		
(c) City, State, and ZIP Code		
SEATTLE	WA	98104

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(b) Address (number and street)		
(c) City, State, and ZIP Code		

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code