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STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Joe O'Dea for Se				
ADDRESS (number and street)	4950 South Yosemite Street			
(Check if address is changed)	Suite F2-225			
is changed)	Greenwood Village			0111
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	info@joeodea.com			
	Optional Second E-Mail Add	dress		
	joeodeaforsenate@r	edcurve.com		
2. DATE	joeodea.com			
3. FEC IDENTIFICATION NU	JMBER ► C C	00791186		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct ar	d complete.
Type or Print Name of Treasure	r Cage, James, R., ,			
Signature of Treasurer	James, R., ,	[Electronically Filed]	Date 08	/ D D / Y Y Y Y 26 / 2022
NOTE: Submission of false, errone		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Complein information below.)	ete the candidate
Name of O'Dea, Joseph, Matthew, , Candidate	
Candidate Party Affiliation REP Office Sought: House Senate President	State CO
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Demo (d) This committee is a or subordinate) committee of the Repub	ocratic, Ilican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	inected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
Membership Organization Trade Association Co	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(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 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) 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
2.

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Joe O'Dea for Senate

6.	Name of Any Connected O	-										-			ent	tati	ve,	01	r Lo	ead	der	shi	ρF	PAC	Sp	oon	sor	
												20)22 	2														
	Mailing Address	PO BOX 9891																										
															V	A			2	222	19 				-			
				CI	TY 🖌	•								S	STA	ΓE						Z	IP	со	DE			
	Relationship: Connected	Organization X	Affilia	ted C	Orgar	nizati	on		J	oint	Fur	ndra	aisir	ng I	Rep	res	ent	ativ	/e			Le	ade	ershi	ip F	PAC	Spo	onsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Roberts, Ka	atelyn, E, ,		
Full Name			
Mailing Address	7600 E Eastman Ave Suite 405		
	Denver	CO 80112	
	CITY 🔺	STATE A	ZIP CODE
Title or Position ▼			
Assistant Treasurer	Telephone nu	umber 720 - L	420 4250

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	Cage, James, R., ,
of Treasurer	
Mailing Address	1400 16th Street
	6th Floor
	Denver CO 80202 Image:
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 303 - 292 - 7955

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Roberts, Katelyn, E, ,	
Mailing Address	7600 E Eastman Ave, Suite 405	
	Denver CO 80231	
	CITY A STATE A	ZIP CODE
Title or Position	,	
Assistant Treasur	er Telephone number720	420 - 4250

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 BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
		└ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └	101
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc. UMB BANK		
Mailing Address	1670 BROADWAY		
			202
	CITY A	STATE A	ZIP CODE

FFC	Form	1 S	(Revised	02/2017)	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising Participant:
-(3)()-	

2 FEC ID number	
3. FEC ID number	
4. FEC ID number	

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

Mailing Address	PO BOX 13026				
				TX 787	'11
Relationship:		CITY 🔺		STATE	ZIP CODE
Connected	Organization Affilia	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									
Mailing Address																									
																							- [_		
TITLE OR POSITION	▼			С	ITY									S	TAT	E				ZIP	С	DD	E 4		
										Te	lepl	hor	ne l	Nur	nbe	er							- [_		

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor O'DEA VICTORY COMMITTEE

Mailing Address	2024 3RD AVE N				
	STE 211				
				AL 3520	03
Relationship:		CITY A		STATE A	ZIP CODE
Connected 0	Organization Affiliat	ed Committee	X Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																											
Mailing Address				1									1						1					1			
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TITLE OR POSITION					C	ידוכ	Y	•							S	TAT	E					ZIP	C	DD	E		
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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.																								
Mailing Address																								
	L																							
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FFC	Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	C
4.	FEC ID number	С

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

Mailing Address	PO BOX 9891			
				22219
Relationship:		CITY A	STATE A	ZIP CODE
Connected	Organization Affiliat	ed Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone Number	

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.																														
Mailing Address	L																													
	L																													
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	CITY A										STATE A								ZIP CODE											