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FEC FORM 1	STATEME ORGANIZ	_		I
1. NAME OF	(Check if name	Example: If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Crossroads Crea	ative, LLC			
	2590 Washington Street			<u> </u>
ADDRESS (number and street)				
 (Check if address is changed) 				
	Denver └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		CO STATE ▲	2205
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	hello@xroads.info			
is changed)	Optional Second E-Mail A	ddress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	http://xroads.info			
2. DATE 03	04 / Y Y Y Y 2016			
3. FEC IDENTIFICATION I	NUMBER ► C	C00610865		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	st of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name of Treasu	rer Kristin Honiotes			
Signature of Treasurer	istin Honiotes	[Electronically Filed]	Date 03	/ D D / Y Y Y Y 04 2016
NOTE: Submission of false, erro		n may subject the person signing the figure of the figure		e penalties of 2 U.S.C. §437g.
Office		For further information co	ontact:	

	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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FEC	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
Candid	ate 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 Candidate	
Candidate Party Affi	
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party C	ommittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Politica	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 Fu	ndraising 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	ommittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Crossroads Creative, LLC

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

Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraisir	ng 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.

Kristin Ho	niotes
Full Name	
	2590 Washington Street
Mailing Address	
	Denver CO 80205 - - -
Title or Position	CITY STATE ZIP CODE
Managing Director	Telephone number

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 Kristin Ho	
Mailing Address	2590 Washington Street
Mailing Audress	······································
	Denver
	CITY STATE ZIP CODE
Title or Position Managing Director	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	J. Murray d	'Armand		
Mailing Address		2590 Washington Street		
		Denver CO	80205	
		CITY STATE		ZIP CODE
Title or Position	tor	Telephone 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.

	Vectra Bank		<u> </u>
Mailing Address	Landmark Branch		
	Greenwood Village	 CO 8011	1
	CITY	STATE	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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Form/Schedule: F1N Transaction ID :

vi veri veniversum vivus vici

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised	3 06/2011)		Page 6
Banks or Other Depositorie safety deposit boxes or main	tains funds.	•	Ids accounts, rents
Name of Bank, Depository, e	tc.	L	
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🛆
Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising	Representative, or Leade	[ADDITIONAL] rship PAC Sponsor
Mailing Address			
	CITY	STATE 🖨	ZIP CODE 📥
Relationship: Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name	nart		
Mailing Address	2590 Washington Street		
	Denver	<u> </u>	0205
Title or Position	CITY 📥	STATE	ZIP CODE
Production Manager	Tel	ephone number	
Joint Fundraiser Participan	f		[ADDITIONAL]
		EEC ID number C	
		FEC ID number	