STATEMENT OF

PAGE 1 / 10 ·

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. Jason Crow For Congress 8547 E Arapahoe Road ADDRESS (number and street) STE J-543 (Check if address is changed) Greenwood Village CO 80112 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS holly@campaigncompliance.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.jasoncrowforcongress.com (Check if address is changed) DATE 2022 C00637363 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. Giarraputo, Holly, , , Type or Print Name of Treasurer Giarraputo, Holly, , , [Electronically Filed] Date 2022 Signature of Treasurer 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

E	C 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. (Complete the can information below.)	didate
	Name of Crow, Jason, , ,	
	Party Affiliation DEM Sought: * House Senate President	State CO strict 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	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 function committee. (i.e., nonconnected committee)	d 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 mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1	1 (Revised 02/2009)	Page 3
W	/rite or Type Comn	mittee Name	
	Jason Cı	row For Congress	
6.	=	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
	VoteVets 20	022 Victory Fund	
	Mailing Address	PO Box 11293	
			1
		Portland OR 97211	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Rec	ecords: Identify by name, address (phone number optional) and position of the person in possess	sion of committee
	books and record	ds.	
		Giarraputo, Holly, , ,	
	Full Name		
	Mailing Address	3242 Cummins Way	
			1
		Missoula , MT , 59802	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position •	▼	
	Treasurer		498 - 7123
3.		the name and address (phone number optional) of the treasurer of the committee; and the n	ame and address of
	any designated a	agent (e.g., assistant treasurer).	
	Full Name	Giarraputo, Holly, , ,	
	of Treasurer		
	Mailing Address	3242 Cummins Way	
		Missoula MT 59802	
		CITY A CTATE A	ZID CODE A
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	1 202 1 1	498 7123
		Telephone number	

FEC Form 1 (Revised 0	02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STA	ATE ▲ ZIP CODE ▲
Banks or Other Depositorion safety deposit boxes or main	es: List all banks or other depositories in which the committee dentains funds.	eposits funds, holds accounts, rents
Name of Bank, Depository, e	etc.	
Amalga	amated Bank	
Mailing Address	275 7th Ave	
	New York	NY 10001
	CITY ▲ STA	TE ▲ ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
		NY
	CITY ▲ STA	TE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	Participant:		
1	1		FEC ID number	C
2	2		FEC ID number	C
3	3.		FEC ID number	C
	4		FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
G	GO FOR BROKE I	FOR VETERANS		
		PO BOX 15320		
	Mailing Address			
		Washington	DC DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
8. Desi	ignated Agent: Identify	by name, address (phone number – optional)		
	ignated Agent: Identify	by name, address (phone number – optional)		
ı	Full Name	by name, address (phone number – optional)		
ı		by name, address (phone number – optional)		
ı	Full Name	by name, address (phone number – optional)		
ı	Full Name	by name, address (phone number – optional)		
ı	Full Name	CITY A	STATE A	ZIP CODE A
ı	Full Name	CITY A	STATE A	
	Full Name	CITY A	ephone Number	ZIP CODE 🛦
9. Ban l	Full Name	CITY CITY Tele es: List all banks or other depositories in which th	ephone Number	ZIP CODE A
9. Ban l safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or mai	CITY CITY Tele es: List all banks or other depositories in which th	ephone Number	ZIP CODE A
9. Ban l safet	Full NameMailing Address TITLE OR POSITION TO THE PROPERTY OF THE PROP	CITY CITY Tele es: List all banks or other depositories in which th	ephone Number	ZIP CODE A
9. Ban l safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or maine of Bank,	CITY CITY Tele es: List all banks or other depositories in which th	ephone Number	ZIP CODE A
9. Ban l safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or maine of Bank, ository, etc.	CITY CITY Tele es: List all banks or other depositories in which th	ephone Number	ZIP CODE A
9. Ban l safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or maine of Bank, ository, etc.	CITY CITY Tele es: List all banks or other depositories in which th	ephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

h). Joint Fundraisir	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr CE VICTORY FUND	aising Representative	e, or Leadership PAC Spon
SEGGIND GERVIN			
Mailing Address	2910 E GARY WAY		
Maining Address			
	Phoenix	ı AZı	85042
Relationship:	CITY A		ZIP CODE A
neialionalip.	GILY A	STATE ▲	ZIP CODE A
Connecte		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional) CITY		
Connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor after deposit boxes or mail arms of Bank,	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or material boxes or material boxes. ame of Bank, epository, etc.	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor after deposit boxes or mail arms of Bank,	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or material boxes or material boxes. ame of Bank, epository, etc.	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

5(g)	or(h). Joint Fundraisi n	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
	Expanding the Ne	ewDem Majority Fund		
		910 17th Street NW		
	Mailing Address			
		Suite 925		
		Washington	DC	20006
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	t Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		.
	Mailing Address			
	3			
		0774		710 0005
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposits	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposits	s funds, holds accounts, rents
9.	safety deposit boxes or ma		the committee deposits	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposits	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposits	s funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.			C
	2.			C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor
	Bennet Crow Victor	ory Fund 		
	Mailing Address	PO BOX 3078		
		Denver	co	80201
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Representat	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
		1	1 1 1	I I-I I
	TITLE OR POSITION	U CITY ▲	STATE ▲	ZIP CODE ▲
	IIILE ON FOSITION	1	phone Number	
).	Banks or Other Depositor safety deposit boxes or matching Name of Bank, Depository, etc. Mailing Address	ies: List all banks or other depositories in which the intains funds.	e committee deposits	funds, holds accounts, rents
		I	1 1 1	

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

h). Joint Fundraisi		FEC ID numb	er C
1.		FEC ID numb	
2.		_	
3.		FEC ID numb	
4.		FEC ID numb	er C
	l Organization, Affiliated Committee, Joint F	undraising Represent	ative, or Leadership PAC Spor
Serve America V	ictory Fund		
Mailing Address	PO BOX 2013		
	Salem 	MA	
Relationship:	CITY ▲	STATE	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC S
	ed Organization Affiliated Committee X fy by name, address (phone number – optional		sentative Leadership PAC S
			sentative Leadership PAC S
esignated Agent: Identi			Sentative Leadership PAC S
esignated Agent: Identi			Sentative Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional depositories in w	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional depositories in w	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional depositories in w	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional depositories in w	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisin			0
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected Blue Colorado Fu	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Mailing Address	8547 E. Arapahoe Road		
•	Suite J-543		
	Greenwood Village	CO	80112
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joing by pame, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identify Full Name	by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A