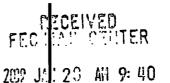
## 29039992754

FEC	
<b>FORM</b>	1

## STATEMENT OF



FEC FORM 1		ORGANIZ	ATION		144 CA 1 <mark>2</mark> 9 AM		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typin over the lines.	ng, type	12FE4M		<u></u>
DRAFT D	166	S BROWN FO	R CONB	r <sub>i</sub> ess	<u> </u>	<u> </u>	<del>                                     </del>
		<u> </u>				<del>                                     </del>	
ADDRESS (number ar	nd street)	1,25 S HOW	IES SITR	EET,		<del></del>	<del></del>
(Check if ad	ddress	SU11TE 1102	<u> </u>		111:	<del></del>	<del></del>
is changed)		FORT COLL	<u> </u>	لــــــ	$C_0$	8052	<u> </u>
COMMITTEE'S E-MA	IL ADDRE	SS	CITY		STATE	ZIP	CODE
1, N, F, O, @, D, R	AFT.	D1665.C0M	1 1 1 1 1 1 1 1	11:	1 1 1 1	1111	1 111
<u> </u>	1 1 1 1			· I . I		1 1 1 1 :	111.
COMMITTEE'S WEB	PAGE AD						
		1,6,6,5,C.D.M.					
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<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<del></del>	<del>-1 1 4 -  1</del>
970-484		26					
2. DATE O	1 2	1 2009					
3. FEC IDENTIFIC	CATION N	UMBER C					
4. IS THIS STATEM	MENT )	NEW (N) OR	AMEN	DED (A)			
I certify that I have e	examined ti	his Statement and to the bes	st of my knowledge a	and belief it i	is true, corre	ct and complete	9.
Type or Print Name of	of Treasure	. Janet M	leger	·			
Signature of Treasure	er Sle	ret Myer	et of my knowledge a		Date C	7 21	' <u>à</u> òò º
NOTE: Submission of (	false, erron	eous, or incomplete information					of 2 U.S.C. §437
Office	T		F 44				

	Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
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FEC For	rm 1 (Revised 12/2007)	Page <b>2</b>			
TYPE OF C	OMMITTEE 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 Affiliation	Office on Sought: House Senate President	State District			
(c) X	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate	DII665 BROWN				
Party Com					
(d)		Democratic, epublican, etc.) Party.			
Political A	ction Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:			
	Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	Iraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
Com	mittees Participating in Joint Fundraiser				
1.	FEC ID number C				
2.	FEC ID number C				
3.	FEC ID number C				
4.	FEC ID number C				
5.	FEC ID number C				

	FEC Form 1 (Revised	2/2007)	Page 3		
W	rite or Type Committee Name				
6.	Name of Any Connected C	organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Rep	presentative		
N	ONE!!!!!				
Ц			للللن		
	Mailing Address		411:11		
			J- <u>L-</u> :		
	Relationship:	CITY STATE ZIP	CODE		
	Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising Re	epresentative		
	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in possess	ion of committee		
	Full Name	ISURER JANIET MEIVER			
	Mailing Address	10/0 GENER HIASSOCIATES CPASI			
		1/25: 5 HOWES ST STE 11040	للبلنسب		
		FIORT COLLING CO 8052	<u>l</u> ]-		
	Title or Position	CITY STATE ZIP	CODE		
	TIRIE A SIUR ERI		1-17040		
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	and address of		
	Full Name of Treasurer	ET MENER I			
	Mailing Address	CO GEVER: N ASSOCIATES CPASI	لتستن		
	1/25, 5, HOWES, 5T, S. WITE, 11040,				
		CITY STATE ZIP	ODE		
	Title or Position  [I_RE_AS_U_RE_R]	Telephone number 4.70 - 484	1-17040		
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FEC Form 1 (Re	evised 12/2007)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY	TATE ZIP CODE
Title or Position		
	Telephone number	er
Banks or Other Deposit safety deposit boxes or Name of Bank, Deposit		deposits funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. fory, etc.	
safety deposit boxes or Name of Bank, Deposit	maintains funds. fory, etc.  13.00, W OAK.	
safety deposit boxes or Name of Bank, Deposit	maintains funds. fory, etc.  [3.00, W OAK.	
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safety deposit boxes or Name of Bank, Deposit LLE Mailing Address	maintains funds.  Ory, etc.  3.00. W OAK.  FIOIRT: COLUTINS.	1001 1805211-1
safety deposit boxes or Name of Bank, Deposit Mailing Address  Name of Bank, Deposit	maintains funds.  Ory, etc.  3.00. W OAK.  FIOIRT: COLUTINS.	1001 1805211-1
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safety deposit boxes or Name of Bank, Deposit Mailing Address  Name of Bank, Deposit	maintains funds.  Ory, etc.  13.00, W, OAK.  IF, O, R.T., C.O. C.U. T. N.S.  CITY S  tory, etc.	1001 1805211-1

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate I	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
Su	1/28/29
PREPARER (3/2005)	DATE PREPARED