FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		N										
1. NAME OF COMMITTEE (in		(Check if name s changed)	Exar	nple: If typy the lines	ing, type		12FE	=4M5		fice use o	only			_
Musgrave for	Congress			<u> </u>	111			ш						Ш
	1 1 1 1 1 1 1 1		1 1	<u> </u>	1 1 1	1 1	1 1	1 1	1 1	1 1	1 1		ı	Ш
ADDRESS (number and	street) 257 Je	ohnstown Cente	r Drive	; <u>                                     </u>						1 1	1 1		ı	
X (Check if addr is changed)	ess #211 Johns	stown					∟ L ÇO	<u></u>	L	805	534 <sub> </sub> –	 		ப ப
			CITY▲			S	TATE	•		Z	IP COE	)E 📥		
COMMITTEE'S E-MA														
amybabya79@				ш										بــــــــــــــــــــــــــــــــــــــ
				шш			ш	ш				ш		Ц
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)												
						ш	ш	ш				ш		Ш
						ш				11		ш		Ш
COMMITTEE'S FAX N	NUMBER													
با لبنا	عبيا لي	J												
2. DATE <b>M A</b>	0 3 / Y	2008												
3. FEC IDENTIFICA	ATION NUMBER	C	C00	371880										
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMEN	IDED (A)									
I certify that I have exami	ined this Statement and t	o the best of my know	rledge an	d belief it is t	rue, correc	t and c	comple	ete						_
Type or Print Name of	Treasurer Bi	rent Eskew												
Signature of Treasurer	Electronically Filed	by Brent Eske	w			Da	ate	<b>0</b>	<b>3</b> /	D 0	9 /	Y	0 °0	<b>8</b>
NOTE: Submission of fa	lse, erroneous, or incomp	olete information may								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Ele Toll Free 80	ction Comr 00-424-953	missior					FOI		1	

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5.	TYPE OF CO	OMMITTEE (Check One) Committee:	
	(a) X	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 information below.)	the candidate
	Name of Candidate	MARILYN MUSGRAVE	
	Candidate Party Affiliati	on REP Office X House Senate President	State CO District 04
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	nittee:  (National, State	
	(d)	This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
	(f)	ed fund or party	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising 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 <b>C</b>	
		2 FEC ID number C	
		3.	
		4. FEC ID number C	
		-   FEC ID number C	

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Write or Type Committee Name			
Musgrave for Congres	s		
6. Name of Any Connected O	rganization, Affiliated Committee, Leadership P.	AC Sponsor or Joint Fundrais	sing Representative
2008 Joint Candidate C	ommittee		
<u> </u>			<u> </u>
Mailing Address	228 South Washington St		
. J	Suite 115		
		<b></b>	22314   _
	CITY▲	STATE <b>≜</b>	ZIP CODE 🛦
Relationship:			
X Connected Organization	Affiliated Committee Leaders	ship PAC Sponsor Join	t Fundraising Representative
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
		Telephone number	
name and address of an	e and address (phone number optional) of by designated agent (e.g., assistant treasure Eskew		ittee; and the
Mailing Address	PO Box 1022		
	Johnstown		
			80534
Title or Position ♥	CITY A	STATE <b>▲</b>	80534

	12/2007)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Tele	ephone number	
Banks or Other Depositori safety deposit boxes or main	ies: List all banks or other depositories in which the tains funds.	committee deposits funds, ho	olds accounts, rents
Name of Bank, Depository, e	etc.		
Colo	rado Community Bank		
Colo  Mailing Address			
		ÇO L	80534   _
	PO Box 67		
	PO Box 67  Johnstown  CITY	CO	80534   _
Mailing Address	PO Box 67  Johnstown  CITY   etc.	CO	80534   _
Mailing Address  Name of Bank, Depository, e	PO Box 67  Johnstown  CITY   etc.	CO	80534 ZIP CODE
Mailing Address  Name of Bank, Depository, e	PO Box 67  Johnstown  CITY   atc.  T  1909 K St NW	CO STATE ▲	80534 ZIP CODE
Mailing Address  Name of Bank, Depository, e	PO Box 67  Johnstown  CITY   atc.  T  1909 K St NW	CO STATE △	80534   _

Banks or Other Depositories: safety deposit boxes or maintain		mmittee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	is runus.		[ ADDITIONAL ]
	Bridge Bank		
Mailing Address	1455-A Laughlin Ave		
	McLean	VA L	22101
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Leadership PAC S	ponsor or Joint Fundrais	[ ADDITIONAL ] sing Representative
Mailing Address			
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC	Sponsor Joint Fur	ndraising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE. <b>∆</b>	ZIP CODE A
	Tel	lephone number	
Joint Fundraiser Participant		<u>·</u>	[ ADDITIONAL ]
1		FEC ID number C	0 0 0 0 0 0