

**FEC
FORM 1****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

Michael Colombe For Congress

ADDRESS (number and street)

200 2nd St



(Check if address is changed)

Ramah

CITY ▲

CO

STATE ▲

80832

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

michaelcolombe3@gmail.com

Optional Second E-Mail Address

info@michaelcolombe.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.coloradodistrict5candidate.com

2. DATE

MM / DD / YYYY
08 / 04 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00786350

4. 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.

Type or Print Name of Treasurer Mead, William, Christopher, Mr.,

Signature of Treasurer

Mead, William, Christopher, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 23 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. 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 candidate information below.)

Name of Candidate Colombe, Michael, Christopher, Mr.,

Candidate
Party Affiliation

DEM

Office
Sought:

☒

House

☐

Senate

☐

President

State

CO

District

05

- (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 (Democratic, Republican, etc.) Party.

Political 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 Fundraising 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Michael Colombe For Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising 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.

Full Name

Mead, William, Christopher, Mr.,

Mailing Address

P.O. Box 101

Ramah

CO

80832

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

360

839

1489

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
of Treasurer

Mead, William, Christopher, Mr.,

Mailing Address

P.O. Box 101

Ramah

CO

80832

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

360

839

1489

Full Name of
Designated
Agent

Colombe, Michael, Christopher, ,

Mailing Address

200 2nd st.

Ramah

CITY

CO

STATE

80832

ZIP CODE

Title or Position

designated agent

Telephone number

719

821

8241

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.

ENT

Mailing Address

1510 E Cheyenne Mtn BLVD

Colorado Springs

CITY

CO

STATE

80906

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE