PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) DOUGLASPAC-DOING OUR UTMOST FOR GOD LIBERTY AND SECURIT PO BOX 64107 ADDRESS (number and street) (Check if address is changed) **COLORADO SPRINGS** CO 80962 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS LAMBORNFAMILY@COMCAST.NET (Check if address is changed) Optional Second E-Mail Address eve@equinoxbookkeeping.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00531756 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. Newman, Eve, , , Type or Print Name of Treasurer Newman, Eve,,, [Electronically Filed] Date 11 30 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:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

FEC Form 1 (Revised 03/2022)	Page 2						
TYPE OF COMMITTEE:							
Candidate Committee:	ındidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)							
Name of Candidate							
Candidate Party Affiliation Office Sought: House Senate	State President District						
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d 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 NO committee. (i.e., nonconnected committee)	T a separate segregated fund 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 P	PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.							
(h) This committee is a political committee with both contribution and non-contribution	ion accounts (Hybrid PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.							
Joint Fundraising Representative:							
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.							
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, none of which is an authorized committee of a federal candidate.							
Committees Participating in Joint Fundraiser							
1.	C						
	C						

Treasurer

	_						
_	FEC Form 1 (Re			Page 3			
V	Vrite or Type Committee			> 0=011D1 T)/			
_		AC-DOING OUR UTMOST FOR G					
6.	Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	ership PAC Sponsor			
	Mailing Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Relationship: Con	nected Organization Affiliated Organization Joint	Fundraising Representative	Leadership PAC Sponso			
			and along roprocentains				
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	Nev	vman, Eve, , ,					
	Full Name						
	Mailing Address	2526 Park Ave					
		Laramie	WY 82070	0			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Title or Position ▼						
	Treasurer		phone number 307 -	399 - 8574			
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 Nev	vman, Eve, , ,					
	of Treasurer						
	Mailing Address	2526 Park Ave					
		Laramie	WY 82070	0			
		CITY ▲	STATE ▲	ZIP CODE ▲			
	Title or Position ▼		• ··· · · ·				

307

Telephone number

399

8574

	FEC Form 1	(Revised 02/2009)		Page 4
	Full Name of Designated			
	Agent			
ſ	Mailing Address			
-	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone r	number	
E s	Banks or Other leafety deposit box	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	unds, holds accounts, rents
١	Name of Bank, D	epository, etc.		
		Wells Fargo		
N	Mailing Address	5190 N Academy Blvd		
		Colorado Springs	CO	80918
		CITY ▲	STATE ▲	ZIP CODE ▲
- N	Name of Bank, D	pository, etc.		
N	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲