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STATEMENT OF ORGANIZATION

| FORM 1 | | URGANIZ | ATION | | |
|-----------------------------|---------------|------------------------------|--|---------------------|---------------------------------|
| | | | | (| Office Use Only |
| 1. NAME OF COMMITTEE (in | ı full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Kirkmeyerfo | orCong | jress.com | | | |
| | | | | | |
| ADDRESS (number a | nd street) | 6100 County Road 4 | | | |
| Check if a | address | 1 | | | |
| is changed | 1) | Brighton CITY ▲ | | CO 80 STATE ▲ | 2603 ZIP CODE▲ |
| COMMITTEE'S E-MA | | SS | | | |
| (Check if a is changed | | bkirkmeyer@gmail.cor | m | | |
| | | Optional Second E-Mail Ad | dress | | 1 |
| | | | | | |
| C ← (Check if a is changed) | | www.kirkmeyerforcongress.co | om | | |
| 2. DATE | | | | | |
| 3. FEC IDENTIFIC | Cation NU | MBER ► C C | 00794602 | | |
| 4. IS THIS STATEN | IENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have e | examined thi | is Statement and to the best | of my knowledge and belief it | is true, correct an | d complete. |
| Type or Print Name | of Treasurer | Kirkmeyer, Barbara, , , | | | |
| Signature of Treasure | er Kirkme | eyer, Barbara, , , | [Electronically Filed] | Date 07 | / D D / Y Y Y Y 13 2023 |
| NOTE: Submission of | false, errone | | may subject the person signing the TION SHOULD BE REPORTED V | | e penalties of 52 U.S.C. §30109 |
| Office Use Only | | | For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| | - | |
|----|--|-------------------------|
| FE | EC Form 1 (Revised 03/2022) | Page 2 |
| 5. | TYPE OF COMMITTEE: | |
| | Candidate 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 th information below.) | e candidate |
| | Name of Candidate Kirkmeyer, Barbara, , | |
| | Candidate Party Affiliation REP Office Sought: K House Senate President | State CO District 08 |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: (National, State or subordinate) committee of the (Democration Republican) | c, , etc.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: |
| | Corporation Corporation w/o Capital Stock | Organization |
| | Membership Organization Trade Association Coopera | ative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | d 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 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 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 political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1.
2.

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| | FEC Form 1 (Revised 02/2009) | Page | e 3 |
|----|---|------|------------|
| W | Vrite or Type Committee Name | | |
| | KirkmeyerforCongress.com | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC | Sponso |

| Mailing Address | | | | | | СІТ | Y | | | | | ę | STA | λΤΕ | | | ZI | ΡC | OD | E 4 | | |
|-----------------|-----------------|------------|--|--|--|-----|---|--|--|--|--|---|-----|-----|--|--|----|----|----|-----|--|--|
| Mailing Address | | L | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | L | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | L | | | | | | | | | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | | | | | | | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Kirkmeyer, | Barbara, , , |
|---------------------|--|
| Full Name | |
| Mailing Address | 6100 County Road 4 |
| | |
| | Brighton CO 80603 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Treasurer | Image: Telephone number 970 - 518 - 6887 |

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 | Kirkmeyer, Barbara, , , |
|-------------------|---------------------------|
| of Treasurer | |
| Mailing Address | 6100 County Road 4 |
| | |
| | Brighton CO 80603 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | 1 |
| Treasurer | Telephone number |

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|-------------------------------------|---------|--------|------------------|---------------|
| Full Name of Designated Agent | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | | CITY A | STATE 🔺 | ZIP CODE |
| Title or Position ▼ | | | | |
| | | | Telephone number | |

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.

| First Ba | ank | |
|---------------------------|---------------|--------------------|
| Mailing Address | PO Box 150097 | |
| | | |
| | Lakewood | |
| | CITY 🔺 | STATE ▲ ZIP CODE ▲ |
| Name of Bank, Depository, | etc. | |
| Mailing Address | | |
| | | |
| | | |
| | CITY A | STATE ▲ ZIP CODE ▲ |