

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

04 NOV -4 AM 11:52

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Pete Coors for Senate Inc.

ADDRESS (number and street)

1300 West Plaza Drive

(Check if address is changed)

Suite 175

Highlands Ranch

CO

80129

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

katie@petecoorsforsenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.petecoorsforsenate.com

COMMITTEE'S FAX NUMBER

720-344-2764

2. DATE 10 28 2004

3. FEC IDENTIFICATION NUMBER C 00399303

4. IS THIS STATEMENT NEW (N) OR X 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

Katie Behnke, assistant treasurer

Signature of Treasurer

[Handwritten Signature]

Date

10 28 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Peter Coors

Candidate Party Affiliation REP Office Sought: House  Senate  President  State CO District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Majority Fund for America's Future Committee

Mailing Address PO Box 75103

Washington CITY ▲ DC STATE ▲ 20013-1 ZIP CODE ▲

Relationship Joint Fundraising Representative

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

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 Katie Behnke

Mailing Address 300 West Plaza Drive  
Suite 175  
Highlands Ranch CO 80129

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 303-470-7001

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 Mark Martinez

Mailing Address 300 West Plaza Drive  
Suite 175  
Highlands Ranch CO 80129

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 303-470-7001

Full Name of Designated Agent Katie Behnke

Mailing Address 300 West Plaza Drive  
Suite 175  
Highlands Ranch CO 80129

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 303-470-7001

B. 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 Bank

Mailing Address

9205 South Broadway

Highlands Ranch

CO

80129

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

100 North Main Street

Winston-Salem

CO

27150

CITY ▲

STATE ▲

ZIP CODE ▲

**EXTREMELY URGENT**

Please Rush To Addressee

**FOR PICKUP**

**PARA RECOLECCIÓN**

**RECIPIENT**  
The sender has requested notification upon delivery. Immediately upon receipt, please telephonenumber:  
Address: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_

**DESTINATARIO**  
El remitente ha requerido el reembolso por favor llamar:  
Número: \_\_\_\_\_  
Teléfono: \_\_\_\_\_



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9505 7515 3205 X

**HOW TO COMPOST**

**COMPLETE LABEL**

Type of print



UNITED STATES POSTAL SERVICE

Post Office To Addressee

Addressed Copy  
1 and the Business Side



**ORIGIN (POSTAL USE ONLY)**

Post Code	Day of Delivery	Flat Rate Envelope
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date in Month	Time	Priority
Mo. Day Year	<input type="checkbox"/> 11:30 <input type="checkbox"/> 1:00 <input type="checkbox"/> 1:30	<input type="checkbox"/> <input type="checkbox"/>
Thru <input type="checkbox"/> AM <input type="checkbox"/> PM	Air Mail <input type="checkbox"/> Priority <input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/>	Postnet Receipt Fee
Weight lbs. oz.	International Country Code	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Additional Check Initials	Total Postage & Fees

**FROM: (PLEASE PRINT)**

Handwritten address information

**DELIVERY (POSTAL USE ONLY)**

Delivery Point	Time	Employee Signature
No. of Delivery <input type="checkbox"/> On <input type="checkbox"/> Off	AM <input type="checkbox"/> PM	
Delivery Address	Time	Employee Signature
Yes <input type="checkbox"/> No <input type="checkbox"/>	AM <input type="checkbox"/> PM	

**CUSTOMER USE ONLY**

PAID BY ACCOUNT  Signature Required  Signature Required (Signature of Addressee)  
 Signature Required (Signature of Addressee)  Signature Required (Signature of Addressee)  
 Signature Required (Signature of Addressee)  Signature Required (Signature of Addressee)

**TOL (PLEASE PRINT)**

Handwritten toll number: 5109

FOR PICKUP OR TRACKING CALL 1-800-222-1811

EMILY J. REYNOLDS  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
Suite 232  
WASHINGTON, DC 20510-7116  
Phone: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

REGISTERED/CERTIFIED MAIL \_\_\_\_\_  
Postmarked

RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION \_\_\_\_\_  
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM  
PRIORITY MAIL /WITH CONFIRMATION SHEET  
 EXPRESS MAIL  
FEDERAL EXPRESS  
UPS  
DHL  
AIRBORNE EXPRESS 10-30-04  
Postmark


PRIORITY MAIL (NO CONFIRMATION) \_\_\_\_\_  
Date of Receipt

FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt

FAX \_\_\_\_\_  
Date of Receipt

NO POSTMARK POSTMARK ILLEGIBLE

OTHER \_\_\_\_\_  
Date of Receipt

 \_\_\_\_\_  
Preparer Date Prepared 11-04-04

