FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
1 Ottovi 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name Example: If type over the lines	pying, type 12FE4M5	
Gardner for Co	ongress		
ADDRESS (number and s	rreet) PO Box 2408		
(Check if address			
is changed)	Loveland	L CO	80539   -
	CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	info@corygardner.com		
is changed)			
0014417755101455	2405 4555500 (URL)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)  www.corygardner.com		
(Check if address is changed)	www.corygardier.com		
2. DATE 0.9	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00461749		
4. IS THIS STATEM	ENT X NEW (N) OR AME	ENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is	s true, correct and complete	
		,	
Type or Print Name of	Freasurer Ray Martinez		
Signature of Treasurer	Electronically Filed by Ray Martinez	Date 0 9	
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person s		
Office Use Only	Federal E	er information contact: lection Commission 800-424-9530	FEC FORM 1 (Revised 02/2009)

	ı	FEC F	form 1 (Revised 02/2009)	Page 2				
5.		OF CO						
	(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 Candi		Rep. Cory Scott Gardner					
	Candi Party	idate Affiliati	on REP Office X House Senate President	State CO				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District U4				
	Name Candi							
	Party	Comm						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	cal Act	ion 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 La	abor Organization				
			Membership Organization Trade Association C	cooperative				
			Monitoriship Organization	оорогииче				
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate	d fund or party				
			committee. (i.e., nonconnected committee)	a fulla of party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint F	undra	ising 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser					
			1. FEC ID number C					
			2. FEC ID number					
			3. FEC ID number					
			4. FEC ID number					

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Write or Type Committee Name					
Gardner for Congress					
6. Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Repres	entative, or Lead	ership PAC Spon	sor
Colorado Majority Comm	nittee			1 1 1 1 1	1 1 1
Mailing Address	PO Box 365				
	McLean		LYA] L	22101 _ [	
	CITY		STATE A	ZIP COD	E 🛦
Relationship:		П		1	
Connected Organization	Affiliated Committee	X Joint Fundraising Re	presentative	Leadership PAC	Sponsor
Mailing Address					
Title or Position ▼	CITY A	Telephone nu	STATE &	ZIP COD	E <b>A</b>
	and address (phone number -		er of the comm	ittee; and the	
Full Name of Treasurer Ray Ma	artinez				
Mailing Address	4121 Stoneridg	e Cir			
	Fort Collins		со	80525 _	3587
Title or Position ♥	CITY A		STATE <b>▲</b>	ZIP COD	E A
Treasurer		Telephone nu	970	_ 690 _	3686

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	Full Name of Designated Agent					
	Mailing Address					
	Title or Position ♥	CITY A	STATE 🛦	ZIP CODE A		
			lephone number			
9.	Banks or Other Depositorie safety deposit boxes or mainta	ains funds.	e committee deposits funds, hol	ds accounts, rents		
		Name of Bank, Depository, etc.				
	BB&T					
	Mailing Address	300 Washington St.				
		Alexandria	VA	22314		
		CITY 🗖	STATE 4	ZIP CODE 🛕		
	Name of Bank, Depository, et	с.				
	Color	ado Community Bank				
	Mailing Address	1050 Eagle Dr				
		Loveland	CO	80537		
		CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕		

Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			1 1 1 1 1 1 1 1 1
	CITY 🗖	STATE <b>∡</b>	ZIP CODE 🛕
	CITT 2	SIRIEZ	
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ ADDITIONAL ]
Young Guns Victory Fun			
1.3.19 2.1.5 1.2.4 1.	7		
Mailing Address	25 East Main St		
	1		
	Richmond	, , VA , ,	23219 , ,
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Rep	oresentative Lea	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
- 1			
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE <b> ∆</b>	ZIP CODE A
	Teleph	one number	
			[ ADDITIONAL ]
Joint Fundraiser Participant			[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	FE	EC ID number	

Banks or Other Depositories: safety deposit boxes or maintain		mmittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.	o rando.	[	ADDITIONAL ]
Suntrus	st .		
	11501 West Broad Street		
Mailing Address	11301 West Bload Street		
	Richmond	VA	23233
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising	Representative, or Leader	[ ADDITIONAL ] ship PAC Sponsor
Mailing Address			
Relationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	lership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b></b> ▲	ZIP CODE A
	Tel	ephone number	
Joint Fundraiser Participant			[ ADDITIONAL ]
		FEC ID number C	