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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) COLORADO REPUBLICAN COMMITTEE 5950 S. WILLOW DRIVE ADDRESS (number and street) SUITE 210 (Check if address is changed) **GREENWOOD VILLAGE** 80111 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tom@cologop.org is changed) Optional Second E-Mail Address dave@cologop.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.cologop.org (Check if address is changed) DATE 2023 C00033134 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Bjorklund, Tom, , Bjorklund, Tom, , , Date 80 80 2024 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. FEC FORM 1

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

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commit information below.)	ttee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized com	nmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (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	e 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 se committee. (i.e., nonconnected committee)	eparate 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 PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accommittee with both contribution and non-contribution accommittee.	counts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	V 7
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a feder	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand	-
Committees Participating in Joint Fundraiser  1. O'DEA VICTORY COMMITTEE	C C00820829

Treasurer

	_			
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٧	rite or Type Committe	e Name		
	COLORADO	O REPUBLICAN COMMITTEE		
6.	Name of Any Conn	ected Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leader	rship PAC Sponsor
	PROTECT TH	E HOUSE 2024	<u> </u>	
	Mailing Address	PO BOX 30844		
		BETHESDA	MD 20824	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Co	onnected Organization Affiliated Organization X Join	t Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Record books and records.	ds: Identify by name, address (phone number optional) a	nd position of the person in posses	sion of committee
	A	lan, Greg, , ,		
	Full Name			
	Mailing Address	834F S Perry st		
		#530 		
		Castle Rock	CO 80104	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Assistant Treasurer	Tel	ephone number 303 - L	758 3333
8.		ame and address (phone number optional) of the treat t (e.g., assistant treasurer).	surer of the committee; and the r	name and address of
	Full Name B	orklund, Tom, , ,		
	of Treasurer	orkuna, rom, , ,		
	Mailing Address	202 North Ave		
		202		
		Grand Junction	CO 81501	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	<del>-</del>	- ·· ·· <del>-</del>	<del>-</del>

433

Telephone number

9068

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Full Name of Designated Agent Mailing Address	Bjorklund, Tom, , , ,   5950 S Willow Dr  Suite 210  Greenwood Village	CO STATE A	80111
Title or Position ▼		SIAIE	ZIP CODE A
Treasurer	Telephon	ne number 97	70   -   433   -   9068
	<b>Depositories:</b> List all banks or other depositories in which the coxes or maintains funds.	mmittee deposits fu	unds, holds accounts, rents
Name of Bank, D	Depository, etc.		
Mailing Address	Centennial Bank  13700 Arapahoe Road		
	Centennial	CO	80112
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Alpine Bank		
Mailing Address	2200 Grand Avenue		
	Glenwood Springs	CO	81601
	CITY ▲	STATE ▲	ZIP CODE ▲

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
GROW THE MAJOR	I Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
	000 0 WAQUUNOTON OT OTE 445		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
<b>—</b> 1 11 11	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Represent	Leadership PAC Spo
Connecte  Pesignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joinfy by name, address (phone number – optional)		
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Joint J	nt Fundraising Representation	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee X Joint J		
Connected Pesignated Agent: Identification of the Position of	Affiliated Committee    Joint Street    Street	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Pends or Other Deposit afety deposit boxes or make the period of Bank, Open Chain Pends of B	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		g Participant:				
1				FEC II	0 number	С
2				FEC II	0 number	C
3				FEC II	0 number	C
4.				FEC II	0 number	С
	-		liated Committee, Joint	Fundraising Re	oresentative	, or Leadership PAC Spons
TRUM	//P 47 COMMITT	EE, INC.				
Mai	iling Address	P.O. BOX 509				
		ARLINGTON		, , , , <b>,</b> ,	VA	22216
Rela	lationship:		CITY A		STATE A	ZIP CODE ▲
Full N	Name				1 1 1 1	
Mailin	ng Address					
Mailin	ng Address					
Mailin	ng Address					
	ng Address  LE OR POSITION		CITY A		STATE A	ZIP CODE A