Image# 202201189475018944				01/10/2022 10 . 32
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 🗕
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Campaign of Jul	ius B Mopper			
	PO Box 7783			
ADDRESS (number and street)				
is changed)	Broomfield		, CO	21
			CO 800 STATE ▲	
COMMITTEE'S E-MAIL ADDRI				
(Check if address is changed)	JBMFORCO7@gmail.o			
is changed)	Optional Second E-Mail Ad	dress		
<ul> <li>(Check if address is changed)</li> </ul>				
	18 / Y Y Y Y 18 2022			
3. FEC IDENTIFICATION N	IUMBER ► C c	00801472		
	_			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
	this Statement and to the best	of my knowledge and belief in	t is true, correct and	complete.
certify that I have examined		of my knowledge and belief in	t is true, correct and	complete.
certify that I have examined		of my knowledge and belief in	t is true, correct and	complete.
certify that I have examined		of my knowledge and belief in [Electronically Filed]	Date	complete.
I certify that I have examined Type or Print Name of Treasur Signature of Treasurer	er Mopper, Julius, , , <i>pper, Julius</i> , , , neous, or incomplete information	[Electronically Filed]	Date 01	D D / Y Y Y Y 18 2022

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		OMMITTEE
Ca	andidate	e Committee:
(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.)
	me of ndidate	Mopper, Julius, B, ,
	ndidate rty Affiliati	on DEM Office Sought: X House Senate President District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	me of ndidate	
Pa	arty Con	nmittee:
(d)		This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Party
Ро	litical A	ction 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 NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joi	int Fund	Iraising Representative:
(g)		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.
(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.	
	2.	
	3.	
	4.	FEC ID number

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Write or Type Committee Name

## Campaign of Julius B Mopper

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	oint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number opt	ional) and position of the person in possession of committee
	Mopper, Je	ılius, , ,	
	Mailing Address	PO Box 7783	
		Broomfield	
	Title or Position	CITY	STATE ZIP CODE
	Candidate		503         347         5334           Telephone number

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	Mopper, Julius, , ,
Mailing Address	PO Box 7783
	Broomfield
	CITY STATE ZIP CODE
Title or Position	
	Telephone number     503     -     347     -     5334

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Full Name of Designated Agent																											
Mailing Address		L																									
		L																									
		L																		L							
							СП	ΓY									ST/	<b>ΑΤΕ</b>				ZII	PC	COD	ÞΕ		
Title or Position																											
						ĺ						Tele	eph	ione	e ni	uml	ber										

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.

	Vectra Bank		
Mailing Address	8870 W 116th Cir		
	Broomfield		80021
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE