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FEC FORM 2

STATEMENT OF CANDIDACY

(a) Name of Candidate (in full)							
Hickenlooper, John, W., , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number		
PO Box 300669	□ Criec	k ii address	criarigeu		S0CO00575		
(c) City, State, and ZIP Code			0000	,	3. Is This New Amended Statement (N) OR X (A)		
Denver	F Office County	СО	80203				
Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate			CO	rict of Candidate		
DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGN	N COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)							
NOTE: This designation should be fi	led with the appro	priate office	listed in th	e instructions.	,		
(a) Name of Committee (in full)							
Hickenlooper for Col	orado						
(b) Address (number and street)							
PO Box 300669							
(c) City, State, and ZIP Code							
Denver				CO	80203		
I hereby authorize the following name candidacy. NOTE: This designation should be fit	ed committee, wh	ich is NOT n	ny principa		es) nmittee, to receive and expend funds on behalf of my		
(a) Name of Committee (in full)							
Hickenlooper Victor	y Fund						
(b) Address (number and street)							
611 Pennsylvania Ave SE							
Ste 143 (c) City, State, and ZIP Code							
Washington				DC	20003		
I certify that I have exa	mined this Stateme	ent and to th	e best of ı	my knowledge a	and belief it is true, correct and complete.		
Signature of Candidate					Date		
Hickenlooper, John, W., ,					10/12/2023		
NOTE: Submission of false, erroneous,	or incomplete info	rmation may	subject tl	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g.		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	Name of Committee (in full)							
	Best of the West							
	(b) Address (number and street)							
	611 Pennsylvania Ave SE Suite 143							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of m candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)							
	Peaches and Peaks Victory Fund							
	(b) Address (number and street)							
	611 Pennsylvania Ave SE							
	Num 143 (c) City, State, and ZIP Code							
	Washington	DC	20003					
	· · · · · · · · · · · · · · · · · · ·	БО	2000					
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care (a) Name of Committee (in full)			my —				
	Hassan Hickenlooper Victory Fund							
	(b) Address (number and street)							
	600 Pennsylvania Ave SE							
	#15180 (c) City, State, and ZIP Code							
	Washington	DC	20003					
_		. , .						
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE : This designation should be filed with the principal care.			my				
	(a) Name of Committee (in full)							
	(-,							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							