## 2017 - 03 - 31 - 03 - 00144966

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FORM 1	M 1 ORGANIZATION		2017 MAR 31 AM 1: 10			
1. NAME OF		(Check if name	Example:If typing, type	Office Use Only		
COMMITTEE (in	ı fuli)	is changed)	over the lines.			
U WORK 4	UTAH	<del></del>				
ADDRESS (number a		2223 S HIGH	<u> </u>			
(Check if a is changed	address d)					
		CITY A	ÇÎTY	U,I <u>84,106</u> - <u>I</u> I		
COMMITTEE'S E-MA	AIL ADDRES	S				
(Check if a is changed		LINFO@UWO	RK4UTAH,COM			
· · · · · · · · · · · · · · · · · · ·		Optional Second E-Mail	Address			
r i de la companya d La companya de la co	ga Militar de la companya di Santa da Santa da Santa da Santa da Sa	and a state of the state of the state of	to the fact of the contract decides	the second of th		
COMMITTEE'S WEB		RESS (URL)				
☐ (Check if a is changed	address d)	UWORK4UT	AH.COM			
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p.200000			. •			
2. DATE	3 14	2017				
3. FEC IDENTIFIC	CATION NU	MBER ►				
4. IS THIS STATE	MENT A	NEW (N) OR	AMENDED (A)	<del></del>		
I certify that I have o	examined thi		pest of my knowledge and belief it	is true, correct and complete.		
Type or Print Name	of Treasurer	CHRISTOPH	HER VOROS			
Signature of Treasure	er \Bigg	961	· · · · · · · · · · · · · · · · · · ·	Date 03'11'12'12017		
NOTE: Submission of	false, errone		tion may subject the person signing t MATION SHOULD BE REPORTED V	his Statement to the penalties of 52 U.S.C. §30109.		
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530			

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	·F	EC For	rm 1 (Revised 02/2009)	Page 2				
5.	TYPE	OF C	OMMITTEE					
	Can	Candidate 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. (Complet information below.)	e the candidate				
	Name Candi		<u> </u>					
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	y Con	nmittee:					
	(d)		(National, State (De	mocratic, publican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:				
	(0)			abor Organization				
				poperative				
			In addition, this committee is a Lobbyist/Registrant PAC.	ooperative				
		<u></u>						
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)					
	Joint	t Fund	Iraising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees.	r more political				
	(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or the committee collects contributions.	r more political				
	\···		committees/organizations, none of which is an authorized committee of a federal candidate.	i moro ponucui				
	•	Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number					
		2.	FEC ID number	^^				
		3.	FEC ID number	~				
		<b>4</b> .	FEC ID number					

Write or Type Committee Name  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 Joint Fundraising Representative Leadership PAC Sponsor  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 JEREMY VOROS  Mailing Address  ALT LAKE CITY LAKE CITY LUT 84106  Tritle or Position CITY STATE ZIP CODE  COFQUINDER Telephone 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 CHRISTOPHER VOROS  Mailing Address  L2223 S. HIGHLAND DRIVE #173	1		İ				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor  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 JEREMY VOROS  Mailing Address  SALT LAKE CITY LUT 84,106 J-  Title or Position CITY STATE ZIP CODE  COPFOUNDER  Telephone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name CHRISTOPHER VOROS	FEC Form 1 (Revised 0	2/2009)	Page 3				
Mailing Address  CITY  STATE  ZIP CODE  Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  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  JEREMY VOROS  Mailing Address  SALT LAKE CITY  Title or Position  CITY  STATE  ZIP CODE  COFOUNDER  Telephone number  Telephone number  Telephone number  CHRISTOPHER VOROS  Full Name  CHRISTOPHER VOROS  CHRISTOPHER VOROS	Write or Type Committee Name						
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CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  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    JEREMY VOROS     Mailing Address   2223 S HIGHLAND DRIVE #173     SALT LAKE CITY   LUT   84.106     Title or Position   CITY   STATE   ZIP CODE	1111111111						
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  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    JEREMY VOROS     Alightand DRIVE #173     SALT LAKE CITY   LUT   84106   -     Title or Position   CITY   STATE   ZIP CODE     COFOUNDER   Telephone number   Lut   Lut     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   CHRISTOPHER VOROS	Maining Madrood	1.1					
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Full Name  JEREMY VOROS  Mailing Address  SALT LAKE CITY  Title or Position  CITY  STATE  ZIP CODE  COFOUNDER  Telephone number  Telephone number  Telephone number  CHRISTOPHER VOROS  Full Name of Treasurer  CHRISTOPHER VOROS	, totalionionip.	Organization [], minutes committee [] oomit analysis (opiocommittee []) committee []	romp , , to openior.				
Mailing Address    2223 S HIGHLAND DRIVE #173   UT		tify by name, address (phone number optional) and position of the person in posses	ssion of committee				
Mailing Address    2223 S HIGHLAND DRIVE #173   UT	Full Name   JERE	MY, VOROS					
ISALT LAKE CITY  Title or Position  CITY  STATE  ZIP CODE  COFOUNDER  Telephone number  Telephone number  Telephone 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  CHRISTOPHER VOROS	1 011 144.110 <u></u>						
Title or Position  CITY  STATE  ZIP CODE  COFOUNDER  Telephone number  Telephone num							
Title or Position  CITY  STATE  ZIP CODE  COFOUNDER  Telephone number  Telephone num		SALT LAKE CITY UTI 184106	<b>i</b>  -				
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  LOGGE CHICLE AND DRIVE #170	Title or Position						
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  LOGGE CHICLE AND DRIVE #170	COECHNDED						
any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  LOGGE SHICH AND DRIVE #170	COLOGIAN EN	Telephone number					
of Treasurer CHRIS I OPHER VOROS			and address of				
Mailing Address L2223 S HIGHLAND DRIVE #173	;, <b>H</b> Q1	STOPHER VOROS					
	Mailing Address	L2223 S.HIGHLAND, DRIVE #173	1    -     -				
<u> </u>	. •		1 1 1 1 1 1				
SALT, LAKE CITY     UT   84,106  -		SALT, LAKE CITY 1 UT 184106					
CITY STATE ZIP CODE Title or Position	Title or Position		, CODE				
COFOUNDER  Telephone number	COFOUNDER	Telephone number					

550 Farm 4 (Pavina	4 00 (0000)		D 4
FEC Form 1 (Revise	0 02/2009)	<del> </del>	Page 4
Full Name of Designated Agent	ISTOPHER VOROS		
Mailing Address	12223 \$ HIGHLAND	DRIVE #173	
	CITY CITY	STATE	2IP CODE
Title or Position		Telephone number	
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository,		in which the committee deposits	funds, holds accounts, rents
ιΜΟΨ	INTAIN AMERICA CRI	EDIT, UNION, , ,	
Mailing Address	LPO BOX 9001, , , ,		
	WEST JORDAN	TU LLLLL	84084
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
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Mailing Address		<u> </u>	
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	CITY	STATE	ZIP CODE

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date, of Receipt Postmarked **USPS First Class Mail** 3/16/2017 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office

Date of Receipt or Postmarked Other (Specify): DATE PREPARED (3/2015)