

- AMENDED -

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

SECRETARY OF THE SENATE

15 SEP 28 PM 5:34
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

UDALL FOR COLORADO

ADDRESS (number and street)

55 S Birch St

(Check if address is changed)

Denver

CO

80246

1014

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

bascott48@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

09 / **24** / **2015**

3. FEC IDENTIFICATION NUMBER

C 00331439

4. IS THIS STATEMENT

NEW (N)

OR

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

Barbara A. Scott, Assistant Treasurer

Signature of Treasurer

Barbara A Scott Assistant Treasurer

Date

09 / **24** / **2015**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

201509280200248968

5. TYPE OF COMMITTEE

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. (Complete the candidate information below.)

Name of Candidate Mark E. Udall

Candidate Party Affiliation DEM Office Sought: House Senate President State CO District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

(d) This committee is a _____ (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 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

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Write or Type Committee Name

UDALL FOR COLORADO

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

Peak PAC

Mailing Address

1515 E 9th Ave

Unit 305

Denver

CO

80218

- 3544

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

Barbara A. Scott

Mailing Address

55 S Birch St

Denver

CO

80246

- 1014

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

303

- 399

- 5402

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

Ellen Marshall

Mailing Address

55 S Birch St

Denver

CO

80246

- 1014

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

303

- 399

- 5402

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Full Name of Designated Agent

Barbara A. Scott

Mailing Address

55 S Birch St

Denver

CITY

CO

STATE

80246

ZIP CODE

1014

Title or Position

Assistant Treasurer

Telephone number

303

399

5402

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.

First Bank

Mailing Address

PO Box 150097

Lakewood

CITY

CO

STATE

80215

ZIP CODE

0097

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201509280200248971

201509280200248972

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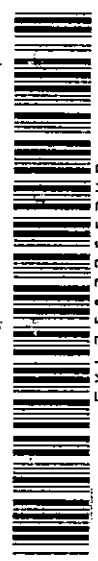


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CITY () STATE () ZIP ()

PHONE ()

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

10:30 AM Delivery Required (additional fee, where available)

*Refer to USPS.com or local Post Office for availability.

PAYMENT BY ACCOUNT (if applicable)

DELIVERY (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP code _____ Scheduled Delivery Date (MM/DD/YY) _____ Postage \$ _____

Date Accepted (MM/DD/YY) _____ Scheduled Delivery Time _____ Insurance Fee \$ _____ COD Fee \$ _____

10:30 AM 3:00 PM 12 NOON

Time Acquired _____ 10:30 AM Delivery Fee _____ Return Receipt Fee _____ Live Animal Transportation \$ _____

AM PM _____ Sunday/Holiday Premium Fee \$ _____ Total Postage & Fees \$ _____

Weight _____ ozs. _____ Acceptance Employee Initials _____

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time _____ Employee Signature _____

Delivery Attempt (MM/DD/YY) Time _____ Employee Signature _____

9-25-13 11:28 AM [Signature]

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\$100.00 Insurance Included.

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 9-24-15
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

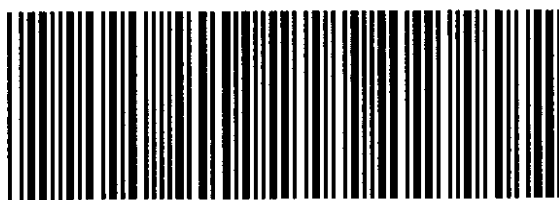
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FAX _____
Date of Receipt

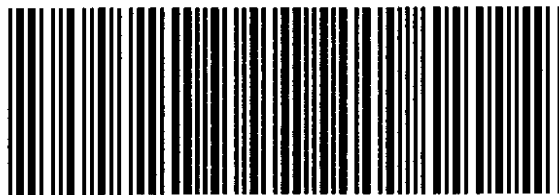
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 9-28-15

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SEN PATCH



SEN PATCH

20150928020024897A