FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kiros for Congress PO Box 16134 ADDRESS (number and street) (Check if address is changed) Denver 80216 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address melat@kirosforco.com is changed) Optional Second E-Mail Address compliance@pocketbookstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00909481 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 Stanger, Howie,, Date 10 29 2025 Signature of Treasurer Stanger, Howie, , , 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate Kiros, Melat, , ,	
Candidate Party Affiliation Office Sought: House Senate Preside	State CO ent District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 01
Name of Candidate	
Party Committee:	
(Mational, State (D	emocratic, epublican, 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 s committee. (i.e., nonconnected committee)	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 accounts (l	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candi	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1	
2.	

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٧	Vrite or Type Committee Name		
	Kiros for Congre	ss	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
	NONE		
	Mailing Address		
			-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in posses	sion of committee
	Stanger, Ho	owie, , ,	
	Full Name	PO Part 40404	
	Mailing Address	PO Box 16134	
		Denver CO 80216	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 410 –	657 - 5664
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the resistant treasurer).	name and address of
	Full Name Stanger, Ho	Dwie, , ,	
	Mailing Address	PO Box 16134	
	J		
		Denver	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		657 5664

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Decition		ATE A	ZIP CODE ▲
	Title or Position			
		Telephone number	r	
-		Depositories: List all banks or other depositories in which the committee deces or maintains funds.	leposits funds, hold	ds accounts, rents
	Name of Bank, D	epository, etc.		
		Community Banks of Colorado		
	Mailing Address	7900 East 1st Avenue		
		Denver	CO 80230	
		CITY ▲ STA	ATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		FirstBank		
	Mailing Address	PO Box 150097		
		Lakewood	CO 80215	
		CITY ▲ STA	ATE ▲	ZIP CODE ▲

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

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		FEC ID number	C
	1		
		FEC ID number	С
		FEC ID number	C
		FEC ID number	C
Organization, Affiliated Comm	nittee, Joint Fundrai	ising Representative	e, or Leadership PAC Spons
CITY	<u> </u>	STATE A	ZIP CODE A
by name, address (phone num	nber – optional)		
_	nber – optional)		
_	nber – optional)		
_	nber – optional)		
by name, address (phone nun			
_		STATE A	ZIP CODE A
	CITY	CITY A	

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

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1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
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Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
riolationomp.				SIAIL A	ZIF CODE A
		phone number – optiona	Joint Fundraising	Representat	tive Leadership PAC Sp
esignated Agent: Identi			-	Representat	Leadership PAC Sp
esignated Agent: Identi			-	Representat	Leadership PAC Sp
esignated Agent: Identi			-	Representati	Leadership PAC Sp
esignated Agent: Identi		phone number – options	al)		
esignated Agent: Identi	y by name, address (p		al)	Representation of the second o	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	y by name, address (p	phone number – options	al)	TATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (p	ohone number – optiona	al) S Telephone Nu	TATE mber	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	by by name, address (p	ohone number – optiona	al) S Telephone Nu	TATE mber	ZIP CODE A