Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Colin Wilhelm For Colorado P.O. Box 176 ADDRESS (number and street) (Check if address is changed) Glenwood Springs 81602 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS colin@wilhelmforcolorado.com (Check if address X is changed) Optional Second E-Mail Address colin.wilhelm@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) wilhelmforcolorado.com (Check if address is changed) DATE 2021 C00766840 FEC IDENTIFICATION NUMBER > 3. X 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. Tews, Megan, , , Type or Print Name of Treasurer Tews, Megan,,, [Electronically Filed] 03 2021 Signature of Treasurer Date 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 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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|------------|-----------------------|---|--|
|            |                       | OMMITTEE<br>e Committee:  |  |
| (a)        | x                     | 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. (Com  |  |
| Nam<br>Can | ie of<br>didate       | information below.)  Wilhelm, Colin, , ,  |  |
|            | didate<br>y Affiliati | on Dem Office Sought: # House Senate President  | State CO District 03                     |
| (c)        |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
| Nam<br>Can | e of<br>didate        |   |  |
| Par        | ty Con                | nmittee:  |  |
| (d)        |                       | This committee is a (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party. |
| Poli       | itical A              | ction Committee (PAC):  |  |
| (e)        |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor  | nnected organization is a                |
|            |                       | Corporation Wo 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 secommittee. (i.e., nonconnected committee)  | egregated 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.)  |  |
| Join       | it Fund               | Iraising Representative:  |  |
| (g)        |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political                     |
| (h)        |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.         | vo or more political                     |
|            | Com                   | mittees Participating in Joint Fundraiser   |  |
|            | 1.                    | FEC ID number   |  |
|            | 2.                    | FEC ID number   |  |
|            | 3.                    | FEC ID number   |  |
|            | 4.                    |   |  |

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|---|--|-------------------------------|
| Write or Type Committee Name                                      |  |                               |
| Colin Wilhelm F   |  |                               |
|   | Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor        |
| NONE  |  |                               |
|   |  | <u> </u>                      |
|   |  |                               |
| Mailing Address   |  |                               |
|   |  |                               |
|   | CITY STATE   | ZIP CODE                      |
| Relationship: Connected   | d Organization Affiliated Committee Joint Fundraising Representativ      | e Leadership PAC Sponsor      |
| . Custodian of Records: Idea books and records.                   | ntify by name, address (phone number optional) and position of the pers  | on in possession of committee |
| Wilhelm, C  | Colin, , ,   |                               |
| Full Name   | P.O. Box 176   |                               |
| Mailing Address   |  |                               |
|   | Glenwood Springs CO  | 81602                         |
| Title or Position   | CITY STATE   | ZIP CODE                      |
|   | Telephone number   | 930   1209                    |
| 3. <b>Treasurer:</b> List the name an any designated agent (e.g., | d address (phone number optional) of the treasurer of the committee; as  | nd the name and address of    |
| Full Name Tews, Meg   | gan, , ,   |                               |
| Mailing Address   | P.O. Box 176   |                               |
|   |  |                               |
|   | Glenwood Springs   | 81602                         |
| Title or Position   | CITY STATE   | ZIP CODE                      |
|   | Telephone number 970   | 930   1209                    |

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|---|---|----------------------|
|   |   |                      |
| Full Name of Designated   |   |                      |
| Agent   |   |                      |
| Mailing Address   | S   |                      |
|   |   |                      |
|   |   |                      |
|   | CITY STATE  | ZIP CODE             |
| Title or Position   |   | 1_1 1                |
|   |   |                      |
|   |   |                      |
| . Banks or Other  | er Depositories: List all banks or other depositories in which the committee deposits funds, ho | olds accounts, rents |
| safety deposit b  | poxes or maintains funds. Depository, etc.  |                      |
| safety deposit b  | Depository, etc.  |                      |
| safety deposit b  | Depository, etc.  First Bank  |                      |
| safety deposit b  | Depository, etc.  First Bank  12014 Grand Ave   |                      |
| safety deposit t<br>Name of Bank,                               | Depository, etc.  First Bank  12014 Grand Ave   |                      |
| safety deposit t<br>Name of Bank,                               | Depository, etc.  First Bank  12014 Grand Ave   |                      |
| safety deposit t<br>Name of Bank,                               | Depository, etc.  First Bank  2014 Grand Ave  | ZIP CODE             |
| safety deposit to Name of Bank,  Mailing Address                | Depository, etc.  First Bank  2014 Grand Ave  Glenwood Springs  CO  81601                       |                      |
| safety deposit to Name of Bank,  Mailing Address                | Depository, etc.  First Bank  2014 Grand Ave  Glenwood Springs  CITY  STATE                     |                      |
| safety deposit to Name of Bank,  Mailing Address                | Depository, etc.  First Bank  2014 Grand Ave  Glenwood Springs  CITY  STATE                     |                      |
| safety deposit to Name of Bank,  Mailing Address                | Depository, etc.    First Bank  |                      |
| safety deposit to Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.    First Bank  |                      |
| safety deposit to Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.    First Bank  |                      |