Image# 202111189468572916

STATEMENT OF

OCT 0 3 2023

FORM 1	ORGANIZATION			Thornton City Clerk
10111111				Office Use Only
NAME OF COMMITTEE (in f	ull)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Greater Tha	n			
4 [1] 1] 1	1 1 1 1			
	1 1 1 1			
ADDRESS (number and		129 Two Brothers Dr		
(Check if address				
is changed)	1	South Burlington		VT 05403 − ZIP CODE ▲
COMMITTEE'S E-MAII	_ ADDRESS	3		
(Check if address is changed)		margot.phillips@gre		
	(Optional Second E-Mail	Address	
	Į			
(Check if ac is changed)	. ע ס ט	/ Y Y Y Y Y 2021		
2. DATE 11	18	2021		
3. FEC IDENTIFICA	ATION NUM	µBER ▶ C	C00709485	
4. IS THIS STATEM	ENT	NEW (N) OR	× AMENDED (A))
I certify that I have ex	amined this	Statement and to the b	pest of my knowledge and belie	ef it is true, correct and complete.
Type or Print Name of	Treasurer	Phillips, Margot, , ,		
Signature of Treasurer	Phillips,	, Margot, , ,	[Electronically Filed]	M M / D D / Y Y Y Y Date 11 18 2021
NOTE: Submission of fa	alse, erroneoi A	us, or incomplete informat NY CHANGE IN INFORM	tion may subject the person signi MATION SHOULD BE REPORTE	ing this Statement to the penalties of 2 U.S.C. §437o
Office Use Only			For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	mission (Paying 06/2012)

FEC F	orm 1 (Revised 02/2009)	Page 2				
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						
Candidate Party Affilia	Office Sought: House Senate President	State District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co	ommittee: (National, State	Democratic,				
(d)		Republican, etc.) Party.				
Political	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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) ×	(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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(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 C					
2.	FEC ID number C	, , , , , ,				
3.	FEC ID number C					
4	FEC ID number C.					

FEC Form 1 (Revised	02/2009)			Page 3
Write or Type Committee Nam	e			
Greater Than				
6. Name of Any Connected (Organization, Affiliated Committee, Joint F	undraising Repres	entative, or Leadersh	ip PAC Sponsor
NONE				
Mailing Address				
Mailing Address				
	* * * * * * * * * * * * * * * * * * *			
	CITY		STATE Z	ZIP CODE
	CITY)IAIE _	IF CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Re	epresentative Lead	dership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number op	otional) and position	of the person in poss	ession of committee
Phillips, N	/largot, , ,			
Full Name	129 Two Brothers Dr.			
Mailing Address				1 1 1 1 1
			VT , 05403	
	South Burlington		VT 05403	
Title or Position	CITY	ST	TATE Z	ZIP CODE
Treasurer		Telephone numbe		0132
8. Treasurer : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	treasurer of the co	ommittee; and the nam	ne and address of
Full Name Phillips, No	fargot, , ,			111111
Mailing Address	129 Two Brothers Dr.			
	Liniagina		111111	
	South Burlington CITY	ST	VT 05403 TATE Z	IP CODE
Title or Position	y .		. 410 5	33 , , 0132
		Telephone number	r	

FEC Form 1 (Revi	sed 02/2009)		Page 4			
Full Name of Designated Agent		1 1 1 1 1 1				
Mailing Address		111111				
		<u>i I I I I I</u>				
	CITY	STATE	ZIP CODE			
Title or Position	600					
	Telephor	ne number				
safety deposit boxes or m Name of Bank, Depositor		ommittee deposits f	unds, holds accounts, rents			
	Washington	DC	20006			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
<u> </u>						
Mailing Address						
			لتتنبب			
	CITY	STATE	ZIP CODE			

8