


COMMITTEE REGISTRATION/TERMINATION FORM

Date of Election	<input checked="" type="checkbox"/> November <u>2025</u>	<input type="checkbox"/> Other _____
Type of Committee (check only one)		
<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Issue Committee <input type="checkbox"/> Political Committee	<input type="checkbox"/> Small Scale Issue Committee (Note: if you have not received contributions or made expenditures in an aggregate amount exceeding \$200, no registration is required at this time.)	
Is this an amendment to, or termination of, a previous registration?		
<input type="checkbox"/> No. This is a new registration. <input checked="" type="checkbox"/> Yes. Reason for amendment: <u>Candidate for Mayor</u> <input type="checkbox"/> Yes. I wish to terminate the Committee and hereby state that the Committee has received no contributions and made no expenditures since the original registration of the Committee. (Note: if the Committee received contributions or made expenditures, you must file a final Campaign Finance Report showing a zero balance and mark the form as a termination report.)		
Full Name of Committee (spell out acronyms)		Phone No.
<u>Elect Emily</u>		<u>970.769.6446</u>
Street Address (including city/state/zip)		Mailing Address (if different)
<u>2437 Crabtree Dr. Fort Collins, CO 80521</u>		
Email Address		Web Site Address
<u>emilyforfc@gmail.com</u>		<u>emilyforfc.com</u>
Purpose or Nature of Interest of the Committee		
<u>Mayor</u>		
Name and Address of Financial Institution in which contributions are deposited (in a separate account bearing the name of the Committee). Must provide written documentation of such account.		
<u>Independent Financial 303 E. Mountain Fort Collins CO 80524</u>		
Name of Registered Agent for Committee		Registered Agent's Phone No.
<u>Emily Francis</u>		<u>970.769.6446</u>
Registered Agent's Mailing Address		Registered Agent's Email Address
<u>2437 Crabtree Dr Fort Collins CO 80521</u>		<u>emilyforfc@gmail.com</u>
Acknowledgement and Certification of Candidate and Registered Agent		
I hereby acknowledge the foregoing information and certify and attest that all information above is true and complete to the best of my knowledge, after reasonably diligent inquiry. I understand that any intentional misrepresentation of facts may result in denial of a registration and that falsification of statements on and with this attestation may be punishable by law.		
Signature of Candidate	Date	Signature of Registered Agent Date
	<u>3/31/25</u>	

Must be filed with City Clerk before accepting or making any contributions. (City Code §7-134)

ALL FIELDS ARE REQUIRED