

COMMITTEE REGISTRATION/TERMINATION FORM

Date of Election April _____ November _____ Other _____

Type of Committee (check only one)

- Candidate Committee
- Issue Committee
- Political Committee

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?

- No. This is a new registration.
- Yes. Reason for amendment: _____
- 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.** _____

Fair Council Pay 303-210-4898

Street Address (including city/state/zip) _____ **Mailing Address (if different)** _____

5219 Abbey Road
 Fort Collins, CO 80526

Email Address _____ **Web Site Address** _____

info@faircouncilpay.com https://www.faircouncilpay.com

Purpose or Nature of Interest of the Committee

Fair Council Pay seeks to pass City Initiated Proposed Charter Amendment 1 and thereby increase compensation for City Council members and offer those members the option to participate in the City's healthcare-related benefits plan.

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.

Bank of Colorado, 1609 E. Harmony Rd., Fort Collins, CO 80525

Name of Registered Agent for Committee _____ **Registered Agent's Phone No.** _____

Ethnie Treick 303-210-4898

Registered Agent's Mailing Address _____ **Registered Agent's Email Address** _____

5219 Abbey Road ethnietreick@gmail.com
 Fort Collins, CO 80526

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** _____

Ethnie Treick 8/31/22

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