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COMMITTEE REGISTRATION/TERMINATION FORM

Date of Election	<input checked="" type="checkbox"/> November 2025	<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 checked="" type="checkbox"/> No. This is a new registration. <input type="checkbox"/> Yes. Reason for amendment: _____ <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.
Josh For Council		414-477-7213
Street Address (including city/state/zip)		Mailing Address (if different)
3745 Full Moon Dr. Ft. Collins, CO 80528		
Email Address		Web Site Address
joshforcitycouncil@gmail.com		To be created
Purpose or Nature of Interest of the Committee		
Elect Josh Fudge to Fort Collins City Council, District 3		
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.		
Canvas Credit Union, 319 S. Meldrum St, Fort Collins, CO 80521		
Name of Registered Agent for Committee		Registered Agent's Phone No.
Joshua Fudge		414-477-7213
Registered Agent's Mailing Address		Registered Agent's Email Address
3745 Full Moon Dr. Ft. Collins, CO 80528		joshforcitycouncil@gmail.com
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
	5/21/25	5/21/25

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

ALL FIELDS ARE REQUIRED