

COMMITTEE REGISTRATION/TERMINATION FORM			
Date of Election		<input checked="" type="checkbox"/> April <u>2021</u>	<input type="checkbox"/> November _____
		<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 <small>(Note: if you have not received contributions or made expenditures in an aggregate amount exceeding \$200, no registration is required at this time.)</small>	
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. <small>(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.)</small>			
Full Name of Committee (spell out acronyms)			Phone No.
Kelly for Council			970-493-7225
Street Address (including city/state/zip)		Mailing Address (if different)	
2040 Bennington Cir Fort Collins, CO 80526			
Email Address		Web Site Address	
Purpose or Nature of Interest of the Committee			
To elect Kelly Ohlson to District 5 City Council			
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			
Independent Bank, 303 E Mountain Avenue, Fort Collins, CO 80524			
Name of Registered Agent for Committee		Registered Agent's Phone No	
Linda Stanley		970-214-1317	
Registered Agent's Mailing Address		Registered Agent's Email Address	
2040 Bennington Cir; Fort Collins, CO 80526		orangwoman@hotmail.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		Signature of Registered Agent	
Date		Date	
<i>Kelly Ohlson</i> 10/30/20		<i>Linda Stanley</i> 10/30/2020	

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

ALL FIELDS ARE REQUIRED