

COMMITTEE REGISTRATION/TERMINATION FORM

Date of Election	<input type="checkbox"/> April _____	<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 type="checkbox"/> No. This is a new registration. <input checked="" type="checkbox"/> Yes. Reason for amendment: <u>Amending name of the committee</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. <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.
Shirley Peel	

Street Address (including city/state/zip)	Mailing Address (if different)
6601 S Shields St.	

Email Address	Web Site Address
shirley@voteshirleypeel.com	voteshirleypeel.com

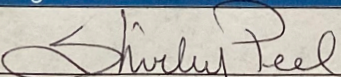
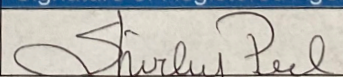
Purpose or Nature of Interest of the Committee
Purpose to elect Shirley Peel to the Fort Collins City Council

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.
Wells Fargo Bank

Name of Registered Agent for Committee	Registered Agent's Phone No.
Shirley Peel	9702224081

Registered Agent's Mailing Address	Registered Agent's Email Address
6601 S Shields St. Fort Collins, CO 80526	shirley@voteshirleypeel.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
	3-14-21		3-14-21

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

ALL FIELDS ARE REQUIRED