Colorado Secretary of State
Elections Division
1700 Broadway, Suite 200
Denver, CO 80290
Ph: (303) 894-2200
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
Website: www.sos.state.co.us

Below Space or Office Use Only

INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION FORM

(1-45-108, C.R.S.)

Please use this form if you are registering an Independent Expenditure Committee for Colorado campaign finance purposes.
You must register an Independent Expenditure Committee within two business days of the time that you accept donations or make independent expenditures in an aggregate amount of $1000.
County and State committees register online at: tracer.sos.colorado.gov

Committee Name: Citizens for Responsible Government

Full Name of Registrant: William Frederick Schmick IV "Billy"
Include any acronyms used, if registrant is a business or other entity

Address (mailing): P.O. Box 2357 (1300 N. Frontage Rd.)
Principal Place of Operation

Phone Number: 301 502 6127 Alternate Phone Number: _____ Fax Number: _____

Web Address: _____

Check Only One Filing Office:

○ Colorado Secretary of State ☒ Municipal Clerk: _____

Purpose (names of candidates/policy positions, supported or opposed):

"To support candidates in the Vail Town Council elections"

Ownership interest, if any, held by foreign persons (calculated at time of registration): _____

Financial Institution Information:

Institution Name: First Bank

Institution Address: 17 Vail Road Vail, CO 81657

Parent / Subsidiary Names, D/B/A Names, and other Affiliated Entity Information

List names of any parent / subsidiary corporations and any other organizational forms associated with registrant. Attach additional pages if necessary

Other Colorado Committees:

Optional: List names of any other committees registered with the Colorado Secretary of State associated with this committee. Attach pages if necessary

Registered Agent:

Name: William F. Schmick IV

Phone Number: 301 502 6127

E-mail Address: wschmick4@gmail.com

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Registered Agent's Signature: Billy Schmick Date: _____

Designated Filing Agent: (Optional)

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Registered Agent's Signature:

This form may be saved
Form may be submitted by Fax, E-mail, hand delivery, or postal service.
The original is not required by this office, please submit only once.
Attach additional pages if needed.

Print Form