Below Space or Office Use Only

Colorado Secretary of State Form CPF - 6, Rev. 5/2016

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

Website: www.sos.state.co.us



NEW COMMITTEE REGISTRATION FORM

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

Please use this form if you are registering a new committee for Colorado campaign finance purposes.

Independent Expenditure Committees Use Secretary of State Form CPF-37

Or register online at: tracer.sos.colorado.gov

| Select Only One Committee Ty | pe: | acci.acs.colorado.gov | |
|---|---------------------------|------------------------|---------------------------|
| Candidate Committee | State Political Committee | C Small Donor Comm | ittee Political Party |
| ☐ Issue Committee | C Small-Scale Issue | Committee C5 | 27 Political Organization |
| Committee Name: Saw for Vail Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees. | | | |
| Committee Address (physical): 2897 Timber Creek Dr Unit D24 Veil CO 8/657 | | | |
| Committee Address (mailing): 2897 Timber Creek Dr Unit D24 Voil CO 81657 | | | |
| Phone Number: <u>858-249-5</u> | | . 177 | Fax Number: |
| Check Only One Jurisdiction: | Web Address: | nnn. samt | for vail com |
| C State COUNTY | | | |
| Special District Enter Applicable | | | |
| Municipal (file with Municipality) Counties Counties | | | |
| arpose/Office Sought (include party, office, district & election year, if applicable): | | | |
| Vail Town Council | | | |
| Financial Institution Information: | | | |
| Institution Name: Alpine Bank | | | |
| Institution Address: 141 E. Mexicon Dr Svite 210 Vail CO 81657 | | | |
| Authorized Agents Contact Information: | | | |
| Registered Agent: | | Designated Filing Agen | At: (Ontional) |
| Name: Samantha B | | 0 0 | |
| Phone Number: \$58-349 | 1-5024 | Phone Number: | |
| E-mail Address: | egmail.com | E-mail Address: | |
| Alternate E-mail 1: | | Alternate E-mail 1: | |
| Alternate E-mail 2: | | Alternate E-mail 2: | |
| | | | |
| Registered Agent's Signature: Designated Filing Agent's Signature: Date: 5/25/23 x Date: | | | |
| x stague is | Date: 8/25/23 | X | Date: |
| Candidate Committee Complete the following: | | | |
| int Candidate Name: 5 3M BISZ 3MTZ | | | |
| Candidate Address (include mailing): | 2897 Timber | Create Dr Uni- | + D24 Vail CD 816E |
| Candidate Signature: | nts | | Date: \$\\\ 25/23 |
| | | | |