

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

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 Type:

- Candidate Committee State Political Committee Small Donor Committee Political Party
 Issue Committee Small-Scale Issue Committee 527 Political Organization

Committee Name: Barry Davis for Vail Town Council
Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.

Committee Address (physical): 2401 Upper Travers way Unit B Vail Co 81657

Committee Address (mailing): Same

Phone Number: 970 331 7966 Alternate Phone Number: _____ Fax Number: _____

Web Address: _____

Check Only One Jurisdiction:

- State COUNTY Special District School District
- Enter Applicable Counties
- Municipal (file with Municipality)

Purpose/Office Sought (include party, office, district & election year, if applicable):

Vail Town Council

Financial Institution Information:

Institution Name: First Bank

Institution Address: 2271 N Frontage Rd W, Vail Co 81657

Authorized Agents Contact Information:

Registered Agent:

Name: Margaret Ogden

Phone Number: 970 331 9757

E-mail Address: MeginVail@gmail.com

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Designated Filing Agent: (Optional)

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Registered Agent's Signature:

X Margaret Ogden Date: 10/15/19

Designated Filing Agent's Signature:

X _____ Date: _____

Candidate Committee Complete the following:

Print Candidate Name: William "Barry" Davis

Candidate Address (include mailing): 2401 Upper Travers way B. Vail 81657

Candidate Signature: [Signature] Date: 10/15/19

Print Form

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STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: William Barry Davis

Address of Candidate: 2401 Upper Traverse Way Unit B

City: Uaill State: CO Zip Code: 81657

Office: _____ District No.: _____ Elec./Yr.: 2019

Reporting Period: Beginning Date 8/31 Ending Date 10/14

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 0

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient		Address
10/10	\$ 72.04	Sticker Mule		StickerMule.com
		City	State Zip	Comment / Purpose
				Stickers

Date Expended	Amount	Name of Recipient		Address
10/7	\$ 259.00	U2 Marketing		u2marketing.com
		City	State Zip	Comment / Purpose
				Signs

Date Expended	Amount	Name of Recipient		Address
	\$			
		City	State Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: [Signature] Date: 10/14