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

Select Only One Committee		tracer.sos.colorado.gov	8,0
Candidate Committee	OState Political Committee	OSmall Donor Committee	
O Political Party	OFederal		ee Olssue Committee litical Organization
Committee Name: AAONI	o Molina for o	city at lange	2
Name should be Committee Address (physical):		on name, etc. Note: Colorado does not h	
Committee Address (mailing):		TIO OTTELLY	0 80627
Phone Number: 970-307		Jumber:	Fax Number:
Check Only One Jurisdiction	Web Address: Av	Havan-Moling. com	
State	OCCUNTY		
OFederal	O Special Distric	t Enter Applicable Counties	A SUPER POST NATIONAL AND ADDRESS.
Municipal (file with Municipali	(ty) O School District	Counties	
Purpose/Office Sought (incl			
at la	190		
Financial Institution Inform	nation:		
Institution Name: Bank	of colorado		
Institution Name: Sahk Institution Address: 7027	'W Zoth St		
Authorized Agents Contact	Information:		
Registered Agent:		Designated Filing Agent:	(Optional)
Name: ANTONIO MO		Name:	
Phone Number: <u>970-30</u> Z	,-1808	Phone Number:	
E-mail Address: am 551	3223@gmail.com	2 E-mail Address:	
Alternate E-mail 1:0/45523	5523Domail.com	Alternate E-mail 1:	
Alternate E-mail 2:		Alternate E-mail 2:	
Registered Agent's Signature;		Designated Filing Agent's Sig	nature:
* ANTONIOM	Date: 3/17/25	X	Date:
Candidate Committee Complete the	e following:		
Print Candidate Name: An +6	nio Molina-t	taro	
Candidate Address (include mailin			80631
Candidate Signature)	Olina-Hape		Date: 3-17/25

Print Form