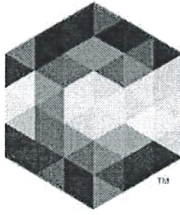


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 550
Denver, CO 80290
Phone: (303) 894-2200
www.coloradosos.gov



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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 Type:

- | | | |
|---|---|--|
| ☐ Candidate Committee | ☐ Political Committee | ☐ Small Donor Committee |
| ☐ Political Party | ☒ Issue Committee | ☒ Small Scale Issue Committee |
| ☐ 527 Political Organization | <i>604/24/26 RAB</i> | <i>bu</i> |

Note: Colorado does NOT have PACs (Political Action Committees), this is a Federal type of committee. If a Federal PAC is registering, they would select Political Committee.

Check Only One Jurisdiction (enter office, district, and county, if applicable):

- ☐ State (ex: Governor, Senate District 1, SBOE at Large): _____
- ☐ County (ex: Sheriff, Commissioner District 1 or at Large): _____
- ☐ School District (ex: Adams County 14, Akron R-1): _____
- ☐ Special District (ex: Fire, Water, etc. / District 1, 2, etc.): _____
- ☒ Municipal (ex: Mayor, Council Member): _____
- ☐ Judicial (Court of appeals, County & District): _____

Committee Information:

Name*: Defeat 2F Committee

Full name of organization, if an acronym is used, then it must be spelled out.

Street address for principal place of operations*: 4986 W 8TH ST RD

Mailing Address*: Same

Phone Number*: 970 405 7124 Alternate Number: _____ Fax Number: _____

Website Address: N/A

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SEP 14 26 AM 10:27

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

Financial Institution Information:

Name*: BMO
Address*: 4290 W 10th St Greeley Co 80634

Registered Agent Contact Information (Required):

Name*: Rachel A Burden
Phone*: 970 405 7124 Email*: r2hann75@aol.com
Alternate Email: _____ Alternate Email 2: _____
Signature*: Rachel A Burden Date*: 9/10/26

Designated Filing Agent Contact Information (Optional and is not the Registered Agent):

Name: Barbara M. Niebauer
Phone: 970-316-5822 Email: niebauer.barbara@gmail.com
Alternate Email: _____ Alternate Email 2: _____
Signature: Barbara M. Niebauer Date: 9/14/26
bn RAB 9/14/26

Candidate Committees Complete the following:

Print Candidate Name*: _____
Candidate Address*: _____
Candidate Signature*: _____ Date*: _____