



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 | | |

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): City of Greeley
- ☐ Judicial (Court of appeals, County & District): _____

Committee Information:

Name*: Empower Greeley

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

Street address for principal place of operations*: 306 44th Avenue, Greeley, Co80634

Mailing Address*: 306 44th Avenue, Greeley CO 80634

Phone Number*: 970-909-8409 Alternate Number: _____ Fax Number: _____

Website Address: www.empowergreeley.com

BALLOT ITEM INCREASING THE EXISTING SALES AND USE TAX RATE BY 0.6% (EQUAL TO 60 CENTS ON A \$100 PURCHASE), EXCLUDING THE CITY SALES TAX ON FOOD, THEREBY PRESERVING EXISTING CITY REVENUES TO ADDRESS STREETS, OTHER CITY FACILITIES, CAPITAL IMPROVEMENTS AND DEFERRED MAINTENANCE; SHALL CITY OF GREELEY TAXES BE INCREASED \$20 MILLION IN 2027 (FIRST YEAR OF

Financial Institution Information:

Name*: First Advantage Bank

Address*: 1801 59th Greeley CO 80634

Registered Agent Contact Information (Required):

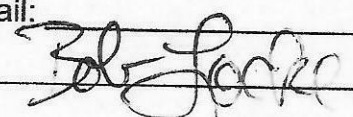
Name*: Bob Locke

Phone*: 970-9098409

Email*: bob.locke@comcst.net

Alternate Email: _____

Alternate Email 2: _____

Signature*: 

Date*: 9/4/26

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

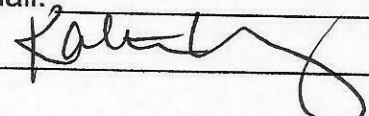
Name: Katie Kennedy

Phone: (719) 369-2266

Email: katie@strategiccompliancellc.com

Alternate Email: _____

Alternate Email 2: _____

Signature: 

Date: 9/11/26

Candidate Committees Complete the following:

Print Candidate Name*: _____

Candidate Address*: _____

Candidate Signature*: _____

Date*: _____