

Colorado Secretary of State
Elections Division
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Denver, CO 80290
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Below Space For Office Use Only
CONDITIONALLY ACCEPTED

MAR 04 2025

THORNTON CITY CLERK

INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION FORM

(1-45-107.5, C.R.S.)

Please use this form if you are registering an Independent Expenditure Committee for Colorado campaign finance purposes. You must register an Independent Expenditure Committee within two business days of the time that you accept donations or make independent expenditures in an aggregate amount in excess of \$1,000.

Committee Name: Revitalizing Thornton
Name should be descriptive.

Full Name of Registrant: Revitalizing Thornton
Include any acronyms used, if registrant is a business or other entity.

Address: 2318 Curtis Street, Denver, CO 80205
Principal place of operations.

Mailing Address: _____
If different from above.

Phone Number: 719-369-2266 **Alternate Phone Number:** _____

Fax Number: _____ **Web Address:** _____

Check Only One Filing Office:

Secretary of State Municipal Clerk: Thornton

Purpose (names of candidates/policy positions supported or opposed): To support Eric Garcia for city council.

Ownership interest, if any, held by foreign persons (calculated at time of registration): 0

Financial Institution Information:

Institution Name & Address: First Bank, 600 Broadway, Denver, CO 80203
This committee must have a unique, dedicated bank account.

Parent / Subsidiary Names, D/B/A Names, and Other Affiliated Entity Information (if any):
N/A

List names of any parent/subsidiary corporations and any other organizational forms associated with registrant. Attach additional pages if necessary.

Other Colorado Committees:

Coloradans for Accountable Government
Optional. List names of any other committees registered with the Colorado Secretary of State associated with this committee. Attach pages if necessary.

Agent / Contact Information:

Name of Natural Person Acting As Registered Agent: Katie Kennedy

Under Colorado law, only the registered agent may file the committee reports.

Phone Number: 719-369-2266 **Registered Agent E-Mail:** katie@strategiccompliancellc.com

Alternate E-Mail 1: _____

Alternate E-Mail 2: _____

Authorization:

Registered Agent's Signature: Katie Kennedy **Date:** _____

Complete this fillable PDF form on your computer, then print and sign. Deliver this form to the appropriate officer. If your filing office is the Secretary of State's Office, you may fax it to (303) 869-4861, scan and email to cpfhelp@sos.state.co.us, or hand deliver to 1700 Broadway Ste. 200 in Denver.