

Colorado Secretary of State  
Elections Division  
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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](http://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: Empower Thornton Voters

Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.

Committee Address (physical): 452 W. 91st Circle Thornton CO 80260

Committee Address (mailing): 452 W. 91st Circle Thornton CO 80260

Phone Number: 7204479371

Alternate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

### Check Only One Jurisdiction:

State

COUNTY

Special District

Municipal (file with Municipality)

School District

Enter Applicable  
Counties

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

Empower Thornton Voters purpose is to support a proposed charter ammendment in the City of Thornton in the 2024 municipal election.

### Financial Institution Information:

Institution Name: Canvas Credit Union

Institution Address: 511 E 120th Ave Thornton CO 80233

### Authorized Agents Contact Information:

#### Registered Agent:

Name: Susie Martinez

Phone Number: 7204479371

susieqtepper@gmail.com

452 W. 91st CIR

Thornton, CO 80260

#### Designated Filing Agent: (Optional)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

#### Registered Agent's Signature:

X Susan Martinez

Date: 10/7/24

#### Designated Filing Agent's Signature:

X \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Committee Complete the following:

Print Candidate Name: \_\_\_\_\_

Candidate Address (include mailing): \_\_\_\_\_

Candidate Signature:

X \_\_\_\_\_

Date: \_\_\_\_\_