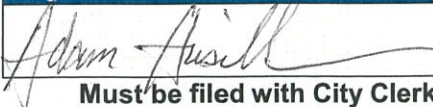
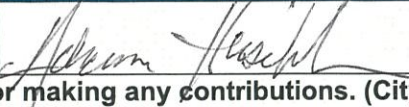


COMMITTEE REGISTRATION/TERMINATION FORM

Date of Election	<input type="checkbox"/> April _____	<input type="checkbox"/> November _____	<input type="checkbox"/> Other _____
Type of Committee (check only one)			
<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Issue Committee <input type="checkbox"/> Political Committee		<input type="checkbox"/> Small Scale Issue Committee (Note: if you have not received contributions or made expenditures in an aggregate amount exceeding \$200, no registration is required at this time.)	
Is this an amendment to, or termination of, a previous registration?			
<input checked="" type="checkbox"/> No. This is a new registration. <input type="checkbox"/> Yes. Reason for amendment: _____ <input type="checkbox"/> Yes. I wish to terminate the Committee and hereby state that the Committee has received no contributions and made no expenditures since the original registration of the Committee. (Note: if the Committee received contributions or made expenditures, you must file a final Campaign Finance Report showing a zero balance and mark the form as a termination report.)			
Full Name of Committee (spell out acronyms)			Phone No.
Hirschhorn for Mayor			719 419 1793
Street Address (including city/state/zip)		Mailing Address (if different)	
5080 Fossil Blvd. #406 Fort Collins, CO 80525			
Email Address		Web Site Address	
servicetop80524@outlook.com		electadammayor.bsky.social	
Purpose or Nature of Interest of the Committee			
To elect Adam Hirschhorn Mayor of Fort Collins			
Name and Address of Financial Institution in which contributions are deposited (in a separate account bearing the name of the Committee). Must provide written documentation of such account.			
Name of Registered Agent for Committee		Registered Agent's Phone No.	
Adam Hirschhorn		719 419 1793	
Registered Agent's Mailing Address		Registered Agent's Email Address	
5080 Fossil Blvd #406 Fort Collins, CO 80525		servicetop80524@outlook.com	
Acknowledgement and Certification of Candidate and Registered Agent			
I hereby acknowledge the foregoing information and certify and attest that all information above is true and complete to the best of my knowledge, after reasonably diligent inquiry. I understand that any intentional misrepresentation of facts may result in denial of a registration and that falsification of statements on and with this attestation may be punishable by law.			
Signature of Candidate	Date	Signature of Registered Agent	Date
	3/28/2025		3/28/2025

Must be filed with City Clerk before accepting or making any contributions. (City Code §7-134)

ALL FIELDS ARE REQUIRED