

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



Space Below for 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

Select Only One Committee Type:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Candidate Committee | <input type="checkbox"/> Political Committee | <input type="checkbox"/> Small Donor Committee |
| <input type="checkbox"/> Political Party | <input type="checkbox"/> Issue Committee | <input type="checkbox"/> Small-Scale Issue Committee |
| <input type="checkbox"/> 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): _____
- Judicial (Court of appeals, County & District): _____

Committee Information:

Name*: KAREN 4 Westminster

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

Street address for principal place of operations*: _____

Mailing Address*: _____

Phone Number*: 720-298-9433 Alternate Number: _____ Fax Number: _____

Website Address: KAREN4WESTMINSTER.COM

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

Financial Institution Information:

Name*: Western Credit Union

Address*: 7220A W. 88th Ave. Westminster 80021

Registered Agent Contact Information (Required):

Name*: KAREN F KALAVITY

Phone*: 720-298-9433 Email*: [REDACTED]

Alternate Email: _____ Alternate Email 2: _____

Signature*: Karen F. Kalavity Date*: _____

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

Name: _____

Phone: _____ Email: _____

Alternate Email: _____ Alternate Email 2: _____

Signature: _____ Date: _____

Candidate Committees Complete the following:

Print Candidate Name*: KAREN F. KALAVITY

Candidate Address*: [REDACTED]

Candidate Signature*: Karen Kalavity Date*: Aug 11, 2025

