

CAMPAIGN FINANCE ELECTRONIC FILING AUTHORIZATION



Type of Campaign Finance Account: (mark one)

- Candidate – Ballot race: _____ (Mayor, At-Large, District 1, etc.)
- Political Committee
- Issue Committee – Ballot issue: _____ (Issue 1, etc.)

Name (first and last) of Candidate or Committee Representative	
Name of Committee (only for issue & political)	

ALL phone numbers and email addresses provided on this form are for internal City Clerk's Office use ONLY

Phone number	Email Address

- I intend to file electronic filings for myself or on behalf of the committee
- I intend for the individuals listed below to file electronic filings for me or the committee

Additional E-filer Accounts

The following individuals marked as Add are authorized to file electronic campaign finance documents on behalf of the candidate or committee. Individuals marked as Remove, have had that authority revoked.

Action	Name (first and last)
<input type="checkbox"/> Add	
<input type="checkbox"/> Remove	
Phone number	Email address

Action	Name (first and last)
<input type="checkbox"/> Add	
<input type="checkbox"/> Remove	
Phone number	Email address

Candidate Signature (for candidates) –or- Date
Committee Representative Signature (for political/issue committees)

Electronic signatures cannot be accepted for this form. Please sign, then:

- 1) Scan and email to election@springsgov.com
- 2) Fax to (719) 385-5114
- 3) Hand-deliver to 30 S. Nevada Ave., Suite 101