## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1.   | (a) Name of Candidate (in full)   |  |                 |                      |  |  |  |
|--|---|--|-----------------|----------------------|--|--|--|
|  | Wilhelm, Colin, , ,<br>(b) Address (number and street)  | Check if   | address chang   | ad                   | 2. Candidate's FEC Identification Number             |  |  |
|  | P.O. Box 176  |  | audress change  | eu -                 | H2CO03195  |  |  |
|  | (c) City, State, and ZIP Code   |  |                 |                      | 3. Is This New Amended                               |  |  |
|  | Glenwood Sprgins  |  | CO 81           | 602                  | Statement X (N) OR (A)                               |  |  |
| 4.   | Party Affiliation   | 5. Office Sought   |                 |                      | trict of Candidate                                   |  |  |
|  | Dem   | House  |                 | CO                   | 03   |  |  |
|  | DE  | SIGNATION OF   | PRINCIPA        | L CAMPAIG            | N COMMITTEE  |  |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 ele (year of election) |   |  |                 |                      |  |  |  |
|  | NOTE: This designation should be f  | This designation should be filed with the appropriate office listed in the instructions. |                 |                      |  |  |  |
|  | (a) Name of Committee (in full)<br>Colin Wilhelm For C  | olorado  |                 |                      |  |  |  |
|  | (b) Address (number and street)<br>P.O. Box 176   |  |                 |                      |  |  |  |
|  | (c) City, State, and ZIP Code   |  |                 |                      |  |  |  |
|  | Glenwood Springs  |  |                 | СО                   | 81602  |  |  |
|  |   |  |                 |                      |  |  |  |
| 8.   | I hereby authorize the following nam<br>candidacy.<br><b>NOTE:</b> This designation should be f<br>(a) Name of Committee (in full)<br>(b) Address (number and street) |  |                 |                      | mmittee, to receive and expend funds on behalf of my |  |  |
|  |   |  |                 |                      |  |  |  |
|  | (c) City, State, and ZIP Code   |  |                 |                      |  |  |  |
|  | I certify that I have exa   | mined this Statement a   | and to the best | of my knowledge a    | and belief it is true, correct and complete.         |  |  |
| Si   | gnature of Candidate  |  |                 |                      | Date   |  |  |
| W  | 'ilhelm, Colin, , ,   |  | [E              | ectronically Filed]  | 01/20/2021   |  |  |
| N  | OTE: Submission of false, erroneous   | , or incomplete informa  | tion may subje  | ot the person signir | ing this Statement to penalties of 2 U.S.C. §437g.   |  |  |
|  |   |  |                 |                      |  |  |  |
|  |   |  |                 |                      |  |  |  |
|  |   |  |                 |                      | FEC FORM 2 (REV. 02/20                               |  |  |