

Colorado Secretary of State
Elections Division, Campaign Finance
1700 Broadway, Ste. 550
Denver, CO 8029
Ph: (303) 894-2200
Fax: (303) 869-4861
Email: cpfhelp@coloradosos.gov
Web: www.coloradosos.gov



Below Space is for Office Use Only.

REQUEST FOR REDACTION OF PERSONAL INFORMATION ON A COVERED ORGANIZATION AFFIRMATION FORM

1-45-107.5(14), C.R.S.

Any contributor, donor, or transferee who wishes to have their name withheld from public documents filed with the appropriate filing officer must complete this form. A new form is required for each instance of a contribution, donation, or transfer. The recipient Covered Organization must retain this form for no less than one year and shall produce the affirmation/oath to the appropriate filing officer in response to a request for information related to any investigation or a campaign finance violation.

Name of Contributor/Donor/Transferee requesting a redaction:

Associated Covered Organization: _____

Request justification*:

* Attach additional information or documentation supporting justification for request, if applicable.

I, _____, hereby affirm, under Oath, that I believe there is a reasonable probability that I will be subjected to harm, threats, harassment, or reprisal if my name is not redacted from the affirmation filed by the Covered Organization under Section 1-45-107.5(14), C.R.S.

SIGNATURE: _____ DATE: _____

State of _____

County of _____

Subscribed and affirmed before me this _____ day of _____, 20____ by _____.

Day

Month

Year

Name of requestor

Signature (and Title) of Notary / Official Administering Oath _____.

My Commission Expires: _____

Seal