

Colorado Secretary of State
Elections Division
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Below Space For Office Use Only



INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION FORM

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

Please use this form if you are registering an Independent Expenditure Committee for Colorado campaign finance purposes. You must register an Independent Expenditure Committee within two business days of the time that you accept donations or make independent expenditures in an aggregate amount in excess of \$1,000.

Committee Name: _____
Name should be descriptive.

Full Name of Registrant: _____
Include any acronyms used, if registrant is a business or other entity.

Address: _____
Principal place of operations.

Mailing Address: _____
If different from above.

Phone Number: _____ **Alternate Phone Number:** _____

Fax Number: _____ **Web Address:** _____

Check Only One Filing Office:

Secretary of State

Municipal Clerk: _____

Purpose (names of candidates/policy positions supported or opposed): _____

Ownership interest, if any, held by foreign persons (calculated at time of registration): _____

Financial Institution Information:

Institution Name & Address: _____
This committee must have a unique, dedicated bank account.

Parent / Subsidiary Names, D/B/A Names, and Other Affiliated Entity Information (if any):

List names of any parent/subsidiary corporations and any other organizational forms associated with registrant. Attach additional pages if necessary.

Other Colorado Committees:

Optional. List names of any other committees registered with the Colorado Secretary of State associated with this committee. Attach pages if necessary.

Agent / Contact Information:

Name of Natural Person Acting As Registered Agent: _____

Under Colorado law, only the registered agent may file the committee reports.

Phone Number: _____ **Registered Agent E-Mail:** _____

Alternate E-Mail 1: _____

Alternate E-Mail 2: _____

Authorization:

Registered Agent's Signature: _____ **Date:** _____

Complete this fillable PDF form on your computer, then print and sign. Deliver this form to the appropriate officer. If your filing office is the Secretary of State's Office, you may fax it to (303) 869-4861, scan and email to cpfhelp@sos.state.co.us, or hand deliver to 1700 Broadway Ste. 200 in Denver.