

Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 550  
Denver, CO 80290  
Phone: (303) 894-2200  
[www.coloradosos.gov](http://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 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\*: \_\_\_\_\_

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\*: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

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

**Financial Institution Information:**

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

**Registered Agent Contact Information** (Required):

Name\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Alternate Email: \_\_\_\_\_ Alternate Email 2: \_\_\_\_\_

Signature\*: \_\_\_\_\_ 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\*: \_\_\_\_\_

Candidate Address\*: \_\_\_\_\_

Candidate Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_