## Initiative and Referendum Petition Registration Form

A licensed petition entity must complete this form prior to circulating any initiative or referendum petition. Complete, sign, and return this form to the Colorado Secretary of State's office.

Handwritten forms not accepted.

Petition Entity Name			
Current Name Taylor Petition Manageme	nt LLC		
Petition Entity Address			
Street Address 1069 Glengary Pl		Apt/Unit	
City Colorado Springs	State CO	Zip Code	80921
Petition Entity Telephone & Email Address			
Phone Number 360 239-8321	Email Address tracy@tpm	iusa.com	
Petition Entity Designated Agent			
First Name <b>Tracy</b>	Last Name Taylo		

List the initiative/referendum number(s) to be circulated	
Initiative/referendum number(s) 116	

## Signature

## Applicant's Affirmation

I affirm under penalty of perjury that the above information is true and complete and that I will notify the Colorado Secretary of State within twenty days of any change in the information submitted above (including any additional initiatives to be circulated).

Tracy Taylor

Signature (Petition Entity Designated Agent)

4-17-24

Date

Mail or scan and email the signed form to:



Colorado Secretary of State 1700 Broadway, Suite 550 Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861 Email: <u>ballot.access@coloradosos.gov</u>