

Colorado Secretary of State
 Elections Division, Lobby Program
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 Denver, CO 80290
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Below Space is for Office Use Only.
 Form Contains Fillable Fields. Type in Fields, Print, Submit

REDISTRICTING COMMISSION LOBBYIST DISCLOSURE

This form is for persons receiving compensation for advocating to a redistricting commission or nonpartisan staff regarding redistricting. Filers should review Sections 44.2(4)(b)(III) and 48(4)(b)(III) of Article V of the Colorado Constitution.

Email completed forms to lobbyists@sos.state.co.us.

Date:

Lobbyist Name:	
Address:	
City, State, Zip:	
Phone number:	
Email address:	

Client Name:	
Address:	
City, State, Zip:	
Phone number:	
Redistricting Commission(s):	<input type="checkbox"/> Congressional <input type="checkbox"/> State Legislative <input type="checkbox"/> County
Contract Dates:	*Begin Date: _____ End Date: _____ End date not yet determined
Terms of Compensation:	
Compensation:	*Date Received: _____ *Amount: _____
Description of Activity:	

Client Name:	
Address:	
City, State, Zip:	
Phone number:	
Redistricting Commission(s):	<input type="checkbox"/> Congressional <input type="checkbox"/> State Legislative <input type="checkbox"/> County
Contract Dates:	*Begin Date: _____ End Date: _____ End date not yet determined
Terms of Compensation:	
Compensation:	*Date Received: _____ *Amount: _____
Description of Activity:	

* Form must include: Lobbyist and Client information, contract begin date, compensation date and amount, including the value of any non-monetary compensation.