

Colorado Secretary of State
Elections Division, Campaign Finance
1700 Broadway, Ste. 550
Denver, CO 80290
Phone: (303) 894-2200
Email: cpfhelp@coloradosos.gov
Web: www.coloradosos.gov



Space Below 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. If an acronym is used, then it must be spelled out.

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

Street address for principal place of operations*: _____

Mailing Address*: _____

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

Website Address: _____

Check Only One Filing Office:

Secretary of State Municipal: _____

Purpose (names of candidates supported or opposed) * : _____

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

Financial Institution Information (the committee must have a unique, dedicated bank account):

Name*: _____

Address*: _____

Parent / Subsidiary Names, DBA Names, and other Affiliated Entity Information (if any). (List below 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:

Natural Person(s) acting as Registered Agent or Designated Filing Agent. Under Colorado law, only the registered agent or designated filing agent may file the committee's report.

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: _____

Complete this document and deliver it to the appropriate officer. If jurisdiction is Secretary of State, contact Campaign Finance Support for assistance with using the online registration portal.