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.

Contact Information		
Petition Entity Name		
Current Name Victor's Canvassing		
Petition Entity Address		
Street Address 100 East Saint Vrain Street	Apt/Unit	105
City Colorado Springs State CO	Zip Code	80903
Petition Entity Telephone & Email Address		
Phone Number 719-440-0394 Email Address fenlason@victorscanvassing.com		
Petition Entity Designated Agent		
First Name Daniel Last Name Fenlason		
Initiative Number(s)		
List the initiative/referendum number(s) to be circulated		
Initiative/referendum number(s) #112 & #138		
Signature		
Applicant's Affirmation I affirm under penalty of perjury that the above information is true and complete and that I will no	tify the Colo	rado Secretary of State
within twenty days of any change in the information submitted above (including any additional in	nitiatives to b	e circulated).

Signature (Petition Entity Designated Agent)

5/1/2024

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>