

Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
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www.sos.state.co.us



COMMITTEE REGISTRATION FORM
(C.R.S. 1-45-108)

Committee Name: _____

Purpose/Office Sought: _____

Check Only One Committee Type:

Candidate Committee Political Party Small Donor Committee

Political Committee Issue Committee

Is this an amendment*? YES NO

** Description of what is being amended. Pursuant to Rule 3.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form.*

Contact Information:

Name of Person Acting As Registered Agent (Treasurer): _____

Address (Physical): _____

Address (Mailing): _____

Telephone No.: _____ E-Mail: _____

Affiliation (if applicable): _____

Check Only One Filing Type:

Manual Filer
 Electronic Filer

Check Only One Jurisdiction:

Federal State County
 Municipal Multi-County
 Other: _____

Authorization

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: _____ **N/A**

Candidate Address (include mailing): _____ **N/A**

Candidate Signature: _____ **N/A** Date: _____ **N/A**