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

Full Name of Registrant: _________________________________________________________
Include any acronyms used, if registrant is a business or other entity

Address: ___________________________________________________________________
Principal place of operations

Mailing Address: _______________________________________________________________
If different from above

Phone Number: _________________________ Alternate Phone Number: _________________________

Fax Number: _________________________ Web Address: _________________________

Check Only One Filing Office:
☐ Secretary of State ☐ Municipal Clerk:

Purpose (names of candidates/policy positions supported or opposed):
________________________________________________________________________

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

Financial Institution Information:

Institution Name & Address: _________________________________________________________
This committee must have a unique, dedicated bank account

Parent / Subsidiary Names, D/B/A Names, and Other Affiliated Entity Information (if any):
________________________________________________________________________

List 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

City of Littleton
City Clerk’s Office
2255 W. Berry Avenue
Littleton, CO 80120
Ph: (303) 795-3780
Email: colcityclerk@littletongov.org
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 reports

Registered Agent:

Name: ________________________________________________________________
Phone Number: ________________________________________________________
Registered Agent E-Mail: ______________________________________________
Alternate E-Mail 1: ______________________________________________________
Alternate E-Mail 2: _____________________________________________________

Designated Filing Agent: (optional)

Name: ________________________________________________________________
Phone Number: ________________________________________________________
Designated Filing Agent E-Mail: _________________________________________
Alternate E-Mail 1: ______________________________________________________
Alternate E-Mail 2: _____________________________________________________

Authorization:

Registered Agent’s
Signature: ___________________________ Date: ______________

Designated Filing Agent’s
Signature: ___________________________ Date: ______________