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

Please use this form if you are registering a new committee for Colorado campaign finance purposes.
Independent Expenditure Committees Use Secretary of State Form CPF-37
Or register online at: tracer.sos.colorado.gov

Select Only One Committee Type:
- Candidate Committee
- State Political Committee
- Small Donor Committee
- Political Party
- Issue Committee
- Small-Scale Issue Committee
- 527 Political Organization

Committee Name:
Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.

Committee Address (physical):

Committee Address (mailing):

Phone Number: ______________________ Alternate Phone Number: ______________________ Fax Number: ______________________

Check Only One Jurisdiction:
- State
- COUNTY
- Special District
- Enter Applicable Counties
- Municipal (file with Municipality)
- School District

Purpose/Office Sought (include party, office, district & election year, if applicable):

Financial Institution Information:
Institution Name: __________________________________________
Institution Address: ________________________________________

Authorized Agents Contact Information:
Registered Agent: Designated Filing Agent: (Optional)
Name: ______________________ Name: ______________________
Phone Number: ______________________ Phone Number: ______________________
E-mail Address: ______________________ E-mail Address: ______________________
Alternate E-mail 1: ______________________ Alternate E-mail 1: ______________________
Alternate E-mail 2: ______________________ Alternate E-mail 2: ______________________

Registered Agent's Signature: __________________________________ Date: ______________________
Designated Filing Agent's Signature: __________________________________ Date: ______________________

Candidate Committee Complete the following:
Print Candidate Name: ______________________________________
Candidate Address (include mailing): _____________________________
Candidate Signature: X ______________________ Date: ________________

Colorado Secretary of State Form CPF - 6, Rev. 5/2016