

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us

Below Space For Office Use Only



FORM FOR AMENDMENT(S) TO EXISTING COMMITTEE REGISTRATION

(1-45-108, C.R.S.) Please use this form if you are amending an existing committee registration.

Existing Committee Name: _____

SOS ID Number: _____ NA _____

What changes need to be made? Please check all that apply, and fill in the appropriate section of the form.

- | | |
|--|---|
| <input type="checkbox"/> Committee Name | <input type="checkbox"/> Financial Institution Information |
| <input type="checkbox"/> Committee Contact Information | <input type="checkbox"/> Registered Agent Contact Information |
| <input type="checkbox"/> Committee Purpose | <input type="checkbox"/> Person Acting as Registered Agent |

Please note that this form cannot be used to change the office sought.

Committee Contact Information:

New Committee Name: _____

Committee Address (Physical): _____

Committee Address (Mailing): _____

Phone Number: _____ Alternate Phone Number: _____

Fax Number: _____ Web Address: _____

Purpose (include office, ward & election year, if applicable): _____

Financial Institution Information:

Institution Name & Address: _____

Registered Agent Changes:

Name of Person Acting As Registered Agent: _____

Phone Number: _____ Registered Agent E-Mail: _____

Address: _____

If the person acting as registered agent is changing, please list the new agent's name and address. Both agents must sign this form. If the existing agent is not available, please attach an explanation.

Name of New Registered Agent: _____

Phone Number: _____ Registered Agent E-Mail: _____

Address: _____

Authorization

Existing Registered Agent's Signature: _____ Date: _____

New Registered Agent's Signature (if applicable): _____ Date: _____

Candidate Signature (if applicable): _____ Date: _____