

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
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Website: www.sos.state.co.us



Below Space For Office Use Only

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: Friends of Angie

Name should be descriptive

Full Name of Registrant:

Include any acronyms used, if registrant is a business or other entity

Address: 1275 S Corona St, Denver, CO 80210

Principal place of operations

Mailing Address:

If different from above

Phone Number: (303) 579-8794

Alternate Phone Number:

Fax Number:

Web Address:

Check Only One Filing Office:

Secretary of State Municipal Clerk: City of Thornton

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

To support Angie Bedolla for City Council

Ownership interest, if any, held by foreign persons (calculated at time of registration): None

Financial Institution Information:

Institution Name & Address: Alpine Bank 215 St. Paul St, Denver, CO 80206

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

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:

Complete this fillable Word Doc form on your computer, then print and sign. Deliver this form to the appropriate officer.

If your filing office is the Secretary of State's Office, you may fax it to (303) 869-4861; scan and email to cpfhelp@sos.state.co.us; or hand deliver to 1700 Broadway Ste. 200 in Denver.