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

Below Space For Office Use Only

Littleton

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

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: