

Town of Monument  
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Monument, CO 80132  
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## 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

### Select Only One Committee Type:

- |   |   |   |
|---|---|---|
| <input type="radio"/> Candidate Committee | <input type="radio"/> Political Committee         | <input type="radio"/> Small Donor Committee |
| <input type="radio"/> Issue Committee     | <input type="radio"/> Small Scale Issue Committee | <input type="radio"/> Recall Committee      |

**Committee Name:** \_\_\_\_\_

Name should be descriptive. Include office, organization name, etc.

Committee Address (physical): \_\_\_\_\_

Committee Address (mailing): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Ph. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Address: \_\_\_\_\_

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

### Financial Institution Information:

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

### Authorized Agents' Contact Information:

#### Registered Agent:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate E-mail 1: \_\_\_\_\_

Alternate E-mail 2: \_\_\_\_\_

#### Registered Agent's Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_

#### Designated Filing Agent: (Optional)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate E-mail 1: \_\_\_\_\_

Alternate E-mail 2: \_\_\_\_\_

#### Designated Agent's Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Committee Complete the Following:

Print Candidate Name: \_\_\_\_\_

Candidate Address (include mailing): \_\_\_\_\_

#### Candidate Signature:

X: \_\_\_\_\_ Date: \_\_\_\_\_

