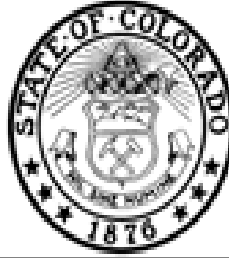


Colorado Secretary of State
Elections Division
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FORM FOR AMENDMENT(S) TO EXISTING INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION

(1-45-108(3), C.R.S.) (Secretary of State Rule 12.1)

Please use this form if you are amending an existing Independent Expenditure committee registration

Existing Committee Name: _____

SOS ID/Key#: _____

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"/> Committee Contact Information | <input type="checkbox"/> Other Colorado Committees |
| <input type="checkbox"/> Committee Purpose | <input type="checkbox"/> Website Address | <input type="checkbox"/> Parent/Subsidiary names, DBA names |
| <input type="checkbox"/> Registered Agent Information | <input type="checkbox"/> Financial Institution Information | <input type="checkbox"/> Ownership Interest |
| <input type="checkbox"/> Designated Filing Agent Information | | |

Changes to Committee Information:

New Name of Committee: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Alternate Phone Number: _____ Fax Number: _____

Website Address: _____

Email Address: _____

Change of Purpose (include party, office, district & election year, if applicable):

New Financial Institution Information:

Institution Name: _____

Institution Address: _____

Changes to Parent / Subsidiary Names, DBA, and Other Affiliated Entity Information:

Changes in % of
Ownership Interest (if any): _____ %

Changes regarding Other Colorado Committees:

Agent Changes:

Current Registered Agent:

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Current Designated Filing Agent:

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

New Registered Agent:

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

New Designated Filing Agent:

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Current Registered Agent Signature

Current Designated Filing Agent Signature

Date: _____

New Registered Agent Signature

New Designated Filing Agent Signature

Candidate Signature (if applicable)