## Initiative and Referendum Petition Registration Form

A licensed petition entity must complete this form prior to circulating any initiative or referendum petition. Complete, sign, and return this form to the Colorado Secretary of State's office.

Handwritten forms not accepted.

| Contact Information  |                      |                          |
|--|----------------------|--------------------------|
| Petition Entity Name   |                      |                          |
| Current Name Pivotal Politics LLC  |                      |                          |
| Petition Entity Address  |                      |                          |
| Street Address 2511 Jobar CT   | Apt/Unit             |                          |
| City Colorado Springs State CO   | Zip Code             | 80909                    |
| Petition Entity Telephone & Email Address  |                      |                          |
| Phone Number 719-203-1074 Email Address marcogr@pivotal-politics.com   |                      |                          |
| Petition Entity Designated Agent   |                      |                          |
| First Name Marco Last Name Grang   | Granger-Rivera       |                          |
| Initiative Number(s)  List the initiative/referendum number(s) to be circulated  Initiative/referendum number(s) #108,#157   |                      |                          |
| Applicant's Affirmation I affirm under penalty of perjury that the above information is true and complete and that I w within twenty days of any change in the information submitted above (including any addition)  | vill notify the Colo | orado Secretary of State |
| Signature (Petition Entity Designated Agent)  Within twenty days of any change in the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property of the information submitted above (including any additional property). | 107/                 | 2024                     |

Mail or scan and email the signed form to:



Colorado Secretary of State 1700 Broadway, Suite 550 Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861 Email: ballot.access@coloradosos.gov