File with: Northglenn City Clerk	
11701 Community Center Drive Northglenn, CO 80233 Ph: (303) 450-8757 Fax: (303) 450-8798 clerk@northglenn.org www.northglenn.org	Space Below For Office Use Only
	NEW COMMITTEE REGISTRATION FORM (1-45-108, C.R.S.)
Select Only One Committee Type: Candidate Committee OS Issue Committee	tate Political Committee OSmall Donor Committee OPolitical Party
Committee Name:	
Name should be descrip	tive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.
Committee Address (physical):	
Committee Address (mailing):	
Phone Number:	Alternate Phone Number:
Web Address:	Fax:
Check Only One Jurisdiction: O State	
O Municipal (file with the municip	ality)
D urn age/ Off as S ought (in slude as	ter office district & closifier man if anylights)
Purpose/Office Sought (include pa	ty, office, district & election year, if applicable):
Financial Institution Information	
Institution Name:	
Institution Name: Institution Address:	
Institution Name:	
Institution Name: Institution Address: Authorized Agents Contact Inform	nation: Designated Filing Agent: (Optional)
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent:	nation: Designated Filing Agent: (Optional) Name:
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent: Name:	nation: Designated Filing Agent: (Optional) Name: Phone Number:
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent: Name: Phone Number:	Designated Filing Agent: (Optional) Name: Phone Number: E-mail Address: Alternate E-mail 1:
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent: Name: Phone Number: E-mail Address:	Designated Filing Agent: (Optional) Name: Phone Number: E-mail Address: Alternate E-mail 1:
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent: Name: Phone Number: E-mail Address: Alternate E-mail 1:	Designated Filing Agent: (Optional) Name: Phone Number: E-mail Address: Alternate E-mail 1:
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent: Name: Phone Number: E-mail Address: Alternate E-mail 1: Alternate E-mail 2:	Designated Filing Agent: (Optional) Name: Phone Number: Phone Number: E-mail Address: Alternate E-mail 1: Alternate E-mail 2: Designated Filing Agent's Signature:
Institution Name: Institution Address: Authorized Agents Contact Inform Registered Agent: Name: Phone Number: E-mail Address: Alternate E-mail 1: Alternate E-mail 2: Registered Agent's Signature:	Designated Filing Agent: (Optional) Name: Phone Number: Phone Number: E-mail Address: Alternate E-mail 1: Alternate E-mail 2: Designated Filing Agent's Signature: X
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