

Colorado Secretary of State  
Elections Division / Campaign Finance  
1700 Broadway, Ste. 550  
Denver, CO 80290  
Phone: (303) 894-2200  
www.coloradosos.gov



Below Space is for Office Use Only.

**REQUEST FOR REDACTION OF PERSONAL INFORMATION ON A COVERED ORGANIZATION AFFIRMATION FORM**

1-45-107.5(14), C.R.S.

Any contributor, donor, or transferee who wishes to have their name withheld from public documents filed with the appropriate filing officer must complete this form. A new form is required for each instance of a contribution, donation, or transfer. The recipient Covered Organization must retain this form for no less than one year and shall produce the affirmation/oath to the appropriate filing officer in response to a request for information related to any investigation or a campaign finance violation.

**Name of Contributor/Donor/Transferee requesting a redaction\*:**

\_\_\_\_\_

**Associated Covered Organization\*:**

\_\_\_\_\_

**Request justification^:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

^ Attach additional information or documentation supporting justification for request, if applicable.

I, \_\_\_\_\_\*, hereby affirm, under Oath, that I believe there is a reasonable probability that I will be subjected to harm, threats, harassment, or reprisal if my name is not redacted from the affirmation filed by the Covered Organization under Section 1-45-107.5(14), C.R.S.

SIGNATURE\*: \_\_\_\_\_ DATE\*: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
Day Month Year Name of requestor

Signature (and Title) of Notary / Official Administering Oath \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Seal