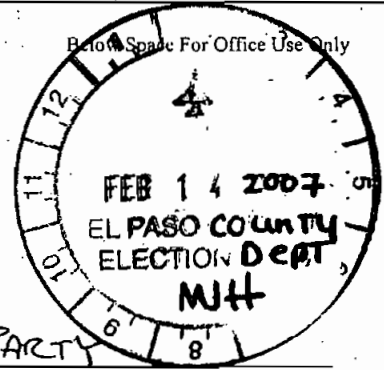


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Below Space For Office Use Only



COMMITTEE REGISTRATION FORM
(C.R.S. 1-45-108)

Committee Name: EL PASO COUNTY DEMOCRATIC PARTY

Purpose/Office Sought: _____

Check Only One Committee Type:

- Candidate Committee Political Party Small Donor Committee
 Political Committee Issue Committee

Is this an amendment*? YES NO

* Description of what is being amended. Pursuant to Rule 3.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form. _____

CHANGE REGISTERED AGENT

Contact Information:

Name of Person Acting As Registered Agent: LEE McRAE

Address (Physical): 25 N. IOWA, COLORADO SPRINGS, CO 80909

Address (Mailing): to 25 N. IOWA, COLORADO SPRINGS, CO 80909

Telephone No.: 719-473-8713 E-Mail: LEE@PEAKDEMS.ORG

Affiliation (if applicable): _____

Check Only One Filing Type:

- Manual Filer
 Electronic Filer

Check Only One Jurisdiction:

- Federal State County
 Municipal Multi-County
 Other: _____

Authorization

Registered Agent's Signature: [Signature] Date: 2/14/07

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature: _____ Date: _____