Colorado Secretary of State Elections Division 1700 Broadway, Ste. 550 Denver, CO 80290

Ph: (303) 894-2200 Fax: (303) 869-4861

Email: <a href="mailto:cpfhelp@coloradosos.gov">cpfhelp@coloradosos.gov</a>
Website <a href="mailto:www.coloradosos.gov">www.coloradosos.gov</a>



Below Space for Office Use Only

#### PERSONAL FINANCIAL DISCLOSURE STATEMENT

File in accordance with the appropriate statutes. This <u>must</u> be submitted via email to <u>cpfhelp@coloradosos.gov</u>.

1-45-110(2)(a), 24-6-202, 24-21-603(2)(h), 24-51-207(4), 44-30-301(1)(g), 44-32-301(1)(g), 44-40-108(6), C.R.S.

Personal financial disclosure statements (PFD) filed for ballot access purposes must be filed within 10 days of filing a candidate affidavit unless the candidate is an incumbent and has timely filed their annual PFD or Updated statement in accordance with 24-6-202(4), C.R.S.

Judges running for retention and judges appointed to a court of record are only required to file their PFD on or before the January 10 following such retention, appointment, or election.

This statement is a public document and will be available on the Secretary of State's website. You MUST fill out this form accurately, completely, and file it timely. Failure to do so may result in one or more of the following sanctions:

- A \$50 per day late filing penalty that will accrue until the statement is filed (Art. XXVIII, Sec. 10(2)(a), Colorado Constitution and 1-45-110, C.R.S.),
- An administrative complaint that may result in civil penalties, or
- Criminal sanctions as outlined in 24-6-202(7), C.R.S.

Law enforcement offices (Attorney General, District Attorney, Judge, etc.): Should NOT list their personal contact information such as home address, phone, or email on this form. These offices may provide alternative contact information (P.O. Box, business address and phone number, or general email address).

Attach extra pages, as necessary.

Name:	
Mailing Address:	
(Include city, state, and zip):	
Office Held / Sought:	
<b>Business Phone:</b>	
Residence/Cell Phone:	

		Name:	
		Office Held /S	ought:
\$	Select the approp	riate categories:	
I am filing this disclosure because:			
☐ I am filling a vacancy. ☐	I am seeking elec	etion to office	This is my annual filing.
Lam filing ass			
I am filing as:  ☐ Office Holder/Incumbent:			
Office Holder/ incumbent.		(OFFIC	E/DISTRICT NUMBER)
Candidate:			
		(OFFIC	E/DISTRICT NUMBER)
☐ State Board/Agency/Commissi	on/Member:		
			(OFFICE)
☐ Judge:	(SU	(SUPREME COURT; COURT OF APPEALS; COUNTY or JUDICIAL DISTRICT,	
Code and		SENIOR JU	JDGE, and MAGISTRATE)
Other:		(Office)	
<b>INCOME:</b> List the names of any sources of incomes.	ome, including cap	oital gains (whether o	or not taxable) for yourself, you
spouse, and minor children residing		Ç ,	, ,
Recipient of Income (Individual receiving income, e.g., Self,	Source of Incon (Name of Employer)		Range Amount (E.g., Between \$30,000 and \$67,000)
Spouse, Minor Child(ren) #1, #2, etc.)			(E.g., Detricen 450,000 and 407,000)

Name:	
Office Held /Sought:	

## **Sources of Compensation:**

List sources of compensation exceeding \$5,000 received by you or your business affiliation for services provided directly by you during the current year and during the prior calendar year, if the source is a person or entity that is regulated by the state or pays for a lobbyist that conducts lobbying at the General Assembly or at a State Regulatory body. This includes Clients and Customers of any affiliated corporation, firm, partnership, or other business enterprise and a description of the duties performed or services rendered for each source of compensation if you directly provided the services generating a fee or payment. You may exclude any information considered confidential because of a privileged relationship recognized by law. If you withhold information because of a privileged relationship, you must disclose the existence of the source of compensation and an explanation for why information was withheld.

Recipient of Compensation (Self or business affiliation)	Compensation Source (E.g., Clients, customers, affiliated corporation, firm, partnership, or other business enterprise)	Description of Duties / Services Rendered	Explanation for withheld information (for Confidential or Privileged Relationships)

# **Compensated Lobbying:**

List the name of any person, firm, or organization for whom compensated lobbying is done by any person associated with you if the benefits of such compensation are or may be shared by you directly or indirectly.

Name of Person, Firm, Corporation, or Organization Retaining Lobbyist		

#### **ASSETS:**

List the name of each business, insurance policy, or trust where there is a financial interest in excess of \$5,000 for yourself, your spouse, and minor children residing with you.

Who is the person with the financial interest? [E.g., Self, Spouse, Minor Child(ren)]	Name of Business, Insurance Company, or Trust

Name:	
Office Held /Sought:	

## **Property in Colorado:**

List the LEGAL description (as shown on the books of the county assessor) of all real property in Colorado (including an option to buy) in which you, your spouse, and minor children residing with you have a direct or indirect interest with a fair market value in excess of \$5,000. Property that must be listed includes residential, investment property, condominium, rental property and any mineral, water, coal, and rights to sand and gravel. <u>STREET ADDRESSES DO NOT SATISFY STATUTORY REQUIREMENTS</u>.

Owner of Record	Legal Description of Property

## Offices, Directorships, and Fiduciary Relationships:

List all offices, directorships, and fiduciary relationships held by you, your spouse, and any minor children residing with you and include whether the position is compensated or uncompensated.

Person Holding Position	<b>Position Held</b>	Name of Organization or Trust	Compensation (E.g., \$500; \$1,000; \$5,000)

### **Businesses Regulated by the State of Colorado:**

List any businesses which you or your spouse are associated with that do business with or are regulated by the state and the nature of such business (e.g., attorney, insurance, medical profession, real estate, securities, etc.).

Person Involved (Self or spouse)	Name of Business	Nature of Business

		Name: Office Held /Sou	ght:
		-	ring with you to whom debt is as owed including the highest
Person Liable for Debt (E.g., Self, Spouse, Minor Child(ren) #1, #2, etc.)	Name of Creditor	Interest Rate (%)	Debt Amount Range Owed (E.g., Between \$1,000 and \$5,000)
with a certified statement of a renot reflected by the income 102, C.R.S. Submitted tax re	any investments held by you ne tax return(s) in lieu of con	u, your spouse, and minor of applying with the provisions of aublic information. Any info	ederal income tax return(s) along hildren residing with you which of subsections (1) to (4) of 24-6-cormation required on this form
<u> </u>	· ·	•	oust file an amended Personal Personal Financial Disclosure
ffirmation:			
	penalty of perjury, that th	he information provided i	in this disclosure statement is
••	t to the best of my knowle	-	n this disclosure statement is
••		edge and belief.	n this disclosure statement is