

Colorado Secretary of State
Elections Division, Campaign Finance
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DISCLOSURE BY PUBLIC OFFICEHOLDER
REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS
(Section 24-6-203, C.R.S.)

Jurisdiction: State County Municipal
(required)

Filing: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
(required) (due April 15) (due July 15) (due October 15) (due January 15)

Name of Officeholder: _____ **Office Held/District:** _____
(required) (required)

Address: _____ **City:** _____, *Colorado* **Zip:** _____
(required) (required) (required)

Check one of the following:

- I have nothing to report. (Please sign and date below)
- I received the following gifts, honoraria, or benefit during this period:

1) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Amount/Value: \$ _____ Date Received: _____
Description: _____

2) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Amount/Value: \$ _____ Date Received: _____
Description: _____

3) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Amount/Value: \$ _____ Date Received: _____
Description: _____

4) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Amount/Value: \$ _____ Date Received: _____
Description: _____

Signature of Officeholder
(required)

Date
(required)