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Below Space is for Office Use Only.

Form Contains Fillable Fields. Type in Fields, Print, Submit

**DISCLOSURE BY PUBLIC OFFICEHOLDER REPORT OF GIFTS, HONORARIA, AND OTHER BENEFITS**

# (Section 24-6-203, C.R.S.)

Filers should also review provisions of Section 3, Article XXIX of the Colorado Constitution

**This form is for municipal / local officeholders** and is filed with the municipal clerk and/or local designated official.

Contact the appropriate office for permissible methods of submission (e.g. fax, email, hand delivery, etc.).

*State and County Officeholders who are required to file this report must submit it electronically Online using the Secretary of State’s* [*TRACER website.*](http://tracer.sos.colorado.gov/PublicSite/Forms.aspx)

Year:

Filing Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

|  |  |
| --- | --- |
| Name of Officeholder: |  |
| Address (Work or Home): |  |
| City, State, Zip: |  |
| Phone number: |  |
| Email address: |  |

Enter the office you hold including jurisdiction and district number, if applicable. E.g.: Mayor, City Council, Judge, etc.

Office held (include District #)

Check one of the following:

I have nothing to report. (Sign & date below)

I received the following gifts, honoraria, or benefits during this period (attach additional pages if needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of person giving** | **Description** | **Date Received** |  | **Amount/Value** |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

Signature: Date:

Colorado Secretary of State Form CPF-15, Rev. 02/15/2019