Colorado Secretary of State Elections Division 1700 Broadway, Ste. 550 Denver, CO 80290 Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861 Email: cpfhelp@coloradosos.gov www.coloradosos.gov



Date Funds Were (	Obligated:	, certif	y that I have exa	mined this Noti	ice of Independent
Date Funds Were (					
	Obligated:		Amount of Ex	penditure: \$	
Detailed Description	on of the Independent Exp	penditure:			
Name and Address	s of Vendor/Person Receiv	ving Payment:			
Was independent e	expenditure used to: Su	pport D Opp	ose		
Please print the na	me of the candidate the in	idependent expen	diture is intende	d to support or o	oppose.
Full Address of Ind	dependent Expenditure Co	ommittee Respon	sible for Indeper	ndent Expenditu	ire
Name of Independ	lent Expenditure Committ	tee Responsible fo	or Independent E	xpenditure (Plea	ase type or print legibly)
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	This report is due within Each independent ex				
48 HOUR NOTIO	CE OF INDEPENDENT (Ar	TEXPENDITUR			USAND DOLLAR