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 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](#).*

Year:

Filing Period:

1<sup>st</sup> Quarter

2<sup>nd</sup> Quarter

3<sup>rd</sup> Quarter

4<sup>th</sup> 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: \_\_\_\_\_