

Colorado Secretary of State
Elections Division
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Below Space for Office Use Only



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

(C.R.S. 24-6-203)

(Due on or before the 15th of January of each year for the preceding calendar year.)

Name of Officeholder: _____

Mailing Address (include city, state, and zip): _____

Official Title: _____

Name of Person From Whom the Gift, Honoraria or Other Benefit Was Received

Amount or Value: \$ _____ Date Received: _____

Description: _____

Name of Person From Whom the Gift, Honoraria or Other Benefit Was Received

Amount or Value: \$ _____ Date Received: _____

Description: _____

Name of Person From Whom the Gift, Honoraria or Other Benefit Was Received

Amount or Value: \$ _____ Date Received: _____

Description: _____

Signature of Officeholder

Date