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Below Space for Office Use Only

CANDIDATE COMMITTEE FUNDS TRANSFER FORM
[C.R.S. 1-45-106(1)(a)(I)(B)]

This form is used by candidate committees established by the same committee for a different public office intending to transfer existing funds from an existing committee as defined by Art. XXVIII, Sec. 2(3).

Full Name of Committee: _____

Address (Physical): _____

Mailing Address (if different from above): _____

Telephone Number: _____ FAX Number: _____

Purpose of Transfer: _____

TRANSFERS THE FOLLOWING: (Check appropriate box(es) and fill in amount; then total)

Monetary Amount: \$ _____ Debt Balance: \$ _____
 Loan Balance: \$ _____ TOTAL AMOUNT: \$ _____

TO

Full Name of Committee: _____

Address (Physical): _____

Mailing Address (if different from above): _____

Telephone Number: _____ FAX Number: _____

Purpose of Receipt: _____

Signature of Candidate

Date

Signature of Registered Agent (Transferring Agent)

Date

Signature of Registered Agent (Receiving Agent)

Date