

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 "3"
 Fax: (303) 869-4861
 www.sos.state.co.us



REPORT OF ELECTIONEERING COMMUNICATION

[Art. XXVIII, Sec. 2(7)(a); Art. XXVIII Sec. 6; C.R.S. 1-45-108(2)]

(For use by a person [Art. XXVII, Sec. 2(11)] who has expended \$1,000 or more per year on electioneering communications)

Name of person/entity: _____

Address (Physical): _____ City: _____ St.: _____ Zip: _____

Mailing Address: _____ City: _____ St.: _____ Zip: _____

Telephone No.: _____

E-Mail: _____

Is this an amended report? No YES*
 * Submit changes or new information ONLY. This amends a previous report filed on (date):

Reporting Period: Beginning Date: _____ Ending Date: _____

1	Funds on Hand at the Beginning of Reporting Period (monetary + non-monetary)	\$
2	Total Contributions of \$250 or More (monetary + non-monetary)	\$
3	Total Expenditures	\$
4	Funds on Hand at the End of the Reporting Period	\$

**The Secretary of State shall impose a penalty of \$50 per day for each day that a report is filed late.
 [Art. XXVIII, Sec. 10(2)(a) & Art. XXVIII, Sec. 6(1)]**

Authorization (must be completed)

Print Entity Representative Contact Name: _____ Date: _____

Signature of Entity Representative: _____ Date: _____

Itemized Contribution for Electioneering Communications (\$250 or more)

[Art. XXVIII, Sec. 6(1)]

Name of person/entity: _____

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (last, first): _____
	5. Address: _____
2. <u>Contribution Amt.</u>	6. City/State/Zip: _____
	7. Description: _____
3. <input type="checkbox"/> Monetary	8. Employer (mandatory if applicable): _____
<input type="checkbox"/> Non-Monetary	9. Occupation (mandatory if applicable): _____

1. <u>Date Accepted</u>	4. Name (last, first): _____
	5. Address: _____
2. <u>Contribution Amt.</u>	6. City/State/Zip: _____
	7. Description: _____
3. <input type="checkbox"/> Monetary	8. Employer (mandatory if applicable): _____
<input type="checkbox"/> Non-Monetary	9. Occupation (mandatory if applicable): _____

1. <u>Date Accepted</u>	4. Name (last, first): _____
	5. Address: _____
2. <u>Contribution Amt.</u>	6. City/State/Zip: _____
	7. Description: _____
3. <input type="checkbox"/> Monetary	8. Employer (mandatory if applicable): _____
<input type="checkbox"/> Non-Monetary	9. Occupation (mandatory if applicable): _____

1. <u>Date Accepted</u>	4. Name (last, first): _____
	5. Address: _____
2. <u>Contribution Amt.</u>	6. City/State/Zip: _____
	7. Description: _____
3. <input type="checkbox"/> Monetary	8. Employer (mandatory if applicable): _____
<input type="checkbox"/> Non-Monetary	9. Occupation (mandatory if applicable): _____

Itemized Expenditures for Electioneering Communications

Art. XXVIII, Sec. 6(1)

Name of person/entity: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	3. Name (last, first): _____ 4. Address: _____ 5. City/State/Zip: _____
2. <u>Amount</u> \$	6. Method of Communication(s): _____ 7. Name of Candidate referred to: _____ 8. Purpose of Expenditure: _____

1. <u>Date Expended</u>	3. Name (last, first): _____ 4. Address: _____ 5. City/State/Zip: _____
2. <u>Amount</u> \$	6. Method of Communication(s): _____ 7. Name of Candidate referred to: _____ 8. Purpose of Expenditure: _____

1. <u>Date Expended</u>	3. Name (last, first): _____ 4. Address: _____ 5. City/State/Zip: _____
2. <u>Amount</u> \$	6. Method of Communication(s): _____ 7. Name of Candidate referred to: _____ 8. Purpose of Expenditure: _____

1. <u>Date Expended</u>	3. Name (last, first): _____ 4. Address: _____ 5. City/State/Zip: _____
2. <u>Amount</u> \$	6. Method of Communication(s): _____ 7. Name of Candidate referred to: _____ 8. Purpose of Expenditure: _____