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Space Below 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**