

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

Space Below For Office Use Only



**CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS  
OR**

**NON-EXPENDITURE OF FUNDS**

[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

This form is for the use of candidates that do **not** have a campaign committee and have not received contributions nor made expenditures. No expenditures have been made on behalf of the candidate.

Name of Candidate: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Reporting Period:** Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD**

**\$ 0.00**

**EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD**

**\$ 0.00**

I, \_\_\_\_\_, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my behalf during this election reporting period.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_