

Colorado Secretary of State
Elections Division / Campaign Finance
1700 Broadway, Ste. 550
Denver, CO 80290
Phone: (303) 894-2200
www.coloradosos.gov



Space Below for Office Use Only

STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

(1-45-108(1) & 1-45-109, C.R.S. and CPF Rule 2.1)

For use by a candidate who is expending their personal funds but is NOT receiving contributions and does not have a candidate committee. A candidate who receives contributions must register a candidate committee before accepting contributions and file disclosure reports as a committee.

State and County candidates who are required to file this report must submit it electronically online using the Secretary of State's TRACER website.

Candidate Name*: _____

Candidate Address*: _____
(Include City, State, and Zip)

Office*: _____ **District Number*:** _____

Election/Year*: _____

Reporting Period*: Beginning Date _____ Ending Date _____

I certify to the best of my knowledge the foregoing information in this Statement of Personal Expenditures is true and correct.

Candidate Signature*: _____ **Date*:** _____

Total amount of Non-Itemized Expenditures (\$19.99 or less) *: \$ _____

Continue to next page(s) to report Itemized Expenditures which are expenditure(s) exceeding \$19.99 (one-time and/or in the aggregate) during the reporting period. Use as many pages as needed.

Date Expended: _____ **Amount: \$** _____

Recipient / Vendor Name: _____

Recipient / Vendor Address: _____
(Street, City, State, Zip)

Purpose / Description: _____

Is this Electioneering Communication? Yes No

If applicable and Yes is selected, the fields below are required.

Method of Communication: _____ **Communication Date(s):** _____

Candidates mentioned in/on communication:

Name: _____ **Party:** _____ **Office / District:** _____

Name: _____ **Party:** _____ **Office / District:** _____

Date Expended: _____ **Amount: \$** _____

Recipient / Vendor Name: _____

Recipient / Vendor Address: _____
(Street, City, State, Zip)

Purpose / Description: _____

Is this Electioneering Communication? Yes No

If applicable and Yes is selected, the fields below are required.

Method of Communication: _____ **Communication Date(s):** _____

Candidates mentioned in/on communication:

Name: _____ **Party:** _____ **Office / District:** _____

Name: _____ **Party:** _____ **Office / District:** _____

Date Expended: _____ **Amount: \$** _____

Recipient / Vendor Name: _____

Recipient / Vendor Address: _____
(Street, City, State, Zip)

Purpose / Description: _____

Is this Electioneering Communication? Yes No

If applicable and Yes is selected, the fields below are required.

Method of Communication: _____ **Communication Date(s):** _____

Candidates mentioned in/on communication:

Name: _____ **Party:** _____ **Office / District:** _____

Name: _____ **Party:** _____ **Office / District:** _____

Date Expended: _____ **Amount: \$** _____

Recipient / Vendor Name: _____

Recipient / Vendor Address: _____
(Street, City, State, Zip)

Purpose / Description: _____

Is this Electioneering Communication? Yes No

If applicable and Yes is selected, the fields below are required.

Method of Communication: _____ **Communication Date(s):** _____

Candidates mentioned in/on communication:

Name: _____ **Party:** _____ **Office / District:** _____

Name: _____ **Party:** _____ **Office / District:** _____

Date Expended: _____ **Amount: \$** _____

Recipient / Vendor Name: _____

Recipient / Vendor Address: _____
(Street, City, State, Zip)

Purpose / Description: _____

Is this Electioneering Communication? Yes No

If applicable and Yes is selected, the fields below are required.

Method of Communication: _____ **Communication Date(s):** _____

Candidates mentioned in/on communication:

Name: _____ **Party:** _____ **Office / District:** _____

Name: _____ **Party:** _____ **Office / District:** _____

Date Expended: _____ **Amount: \$** _____

Recipient / Vendor Name: _____

Recipient / Vendor Address: _____
(Street, City, State, Zip)

Purpose / Description: _____

Is this Electioneering Communication? Yes No

If applicable and Yes is selected, the fields below are required.

Method of Communication: _____ **Communication Date(s):** _____

Candidates mentioned in/on communication:

Name: _____ **Party:** _____ **Office / District:** _____

Name: _____ **Party:** _____ **Office / District:** _____