

Colorado Secretary of State  
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Colorado Springs School District 11  
Board of Education Policy  
BCB-E-2, Exhibit to Policy BCB,  
Board of Education Member  
Conflict of Interest  
Revised February 24, 2021

**DISCLOSURE BY PUBLIC OFFICEHOLDER**  
**REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS**  
(24-6-203, C.R.S.)

**Jurisdiction:**  State  County  Municipal  
(required)

**Filing:**  1<sup>st</sup> Quarter  2<sup>nd</sup> Quarter  3<sup>rd</sup> Quarter  4<sup>th</sup> Quarter  
(required) (due April 15) (due July 15) (due October 15) (due January 15)

**Name of Officeholder:** \_\_\_\_\_ **Office Held/District:** \_\_\_\_\_  
(required) (required)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_, **Colorado Zip:** \_\_\_\_\_  
(required) (required) (required)

1) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:  
\_\_\_\_\_  
Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

2) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:  
\_\_\_\_\_  
Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

3) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:  
\_\_\_\_\_  
Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

4) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:  
\_\_\_\_\_  
Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

**Signature of Officeholder**  
(required)

**Date**  
(required)