

Certificate of Designation by Assembly County Offices

For office use only

1 Office information Select or print which office and district (if applicable) you are running for.

Office _____ District _____

2 Assembly Information Enter information regarding the details of the Assembly.

Name of Political Party _____ Date (mm/dd/yyyy) _____

County _____ Location _____

3 Assembly votes Enter the information about the vote results.

Number of Assembly delegates present and voting _____

Name & Address of Candidate	Ballot 1: Votes Received	Ballot 1: % of Vote Received	Ballot 1: Rank	Ballot 2: Votes Received	Ballot 2: % of Vote Received	Ballot 2: Rank

4 Assembly Requirements Check all boxes that are applicable.

No more than 2 ballots were taken for the office listed on this form.

First Ballot

At least one candidate received 30 percent or more of the votes of all delegates who were present and voted for this office.

No candidate received 30 percent, therefore a second ballot was cast for ALL candidates.

Second Ballot

At least one candidate received 30 percent or more of the votes of all delegates who were present and voted for this office.

No candidate received 30 percent or more of the votes cast, therefore the TWO candidates who received the highest number of votes are designated by the assembly.

Affiliation Requirement

I certify that each of the candidates listed on this form have been affiliated with the political party for the time period required by party rule or by law if the party has no such rule.

This form continued on the following page

5 Chairperson information

Enter the required information for the party chairperson.

Name _____

Phone _____

Address _____

6 Assembly vacancy committee information

Under section 1-4-601(2), C.R.S., assemblies are required to select a vacancy committee to fill vacancies in designation or nomination.

The assembly did not select vacancy committee members. Any vacancy in designation for the office on this form will be filled per party bylaws.

The assembly chose the following people as vacancy committee members to fill vacancies in designation for the office. Please provide the following information in an attached electronic or printed document: name, address and phone number.

7 Affirmation

This section is to be completed by the Party Secretary or Chairperson.

I swear or affirm that the party I represent is qualified to nominate candidates by assembly. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

Secretary or Chairperson, sign in blue or black ink (Required)

Date (mm/dd/yyyy) _____

No notarization is required for this form

8 Submit

Send this form electronically or in person using the information at right.

Designation and acceptance forms **must be filed no later than 4 days after adjournment** of the party assembly.

Scan and email this form to the county clerk and recorder.

Originals must also be mailed and **postmarked no later than 10 days after the adjournment** of the assembly.

Mail to the county clerk and recorder.