

# Minor Party 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	Ballot1: 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 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)

X	
---	--

Date (mm/dd/yyyy) \_\_\_\_\_

---

No notarization is required for this form

---

**7 Submit** Send this form eletronically or in person using the information below.

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.