

# Statement of Withdrawal by Presidential Candidate

Office Use Only:

Complete, sign, and return this form to the Colorado Secretary of State. Please type or print legibly.

## Candidate Information

Name of Candidate

### Office Information

I am withdrawing from the following election:  Primary Election  General Election

Party Affiliation

### Residence & Mailing Address

Residence Street Address  Apt/Unit

City  State  Zip Code

Mailing Street Address  Apt/Unit

City  State  Zip Code

### Telephone & E-mail Address

Business Phone #  Extension

Residence Phone #  E-mail Address

## Signature

### Applicant's Affirmation

*I affirm that I hereby withdraw my candidacy for the office listed above. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.*

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date of Signing

[seal]

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Day Month Year Printed name of Candidate Above

Signature (and Title) of Notary / Official Administering Oath \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**Colorado Secretary of State**  
1700 Broadway, Suite 200  
Denver, Colorado 80290  
Phone: (303) 894-2200  
Fax: (303) 869-4861  
Email: ballot.access@sos.state.co.us

SOS Revised July 19, 2019  
Section 1-4-1001 and 1-4-1204, C.R.S.