

Unaffiliated Candidate Statement of Intent for President

Office Use Only:

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

Office Information

Year of General Election Vice Presidential Running Mate
Name of Political Organization (Optional - may not exceed 3 words)

Qualifications for Office (You must check each box to affirm that you meet all qualifications for this office)

Age of 35 Years Resident of the United States for at least 14 years Natural-born U.S. Citizen

Candidate Information

Full Legal Name

Name exactly as it will appear on the official ballot

Residence & Mailing Address

Residence Street Address

City State Zip Code

Mailing Street Address

City State Zip Code

Telephone, E-mail Address, & Website

Business Phone # Residence Phone #

E-mail Address Website (optional)

Vacancy Committee Members (Optional) If providing vacancy members, write names and addresses below

Candidates may appoint one or more vacancy committee members who would nominate a replacement candidate on the ballot due to death, disqualification, or withdrawal of the candidate up to 70 days before the general election. Candidates are not required to appoint vacancy committee members.

Filing Requirements (You must check each box to affirm that you have filed the items below)

Non-refundable filing fee of \$1,000 (payable via check or money order to Colorado Department of State) "Statement of Intent" form for the Vice-Presidential candidate
 "Presidential Electors' Acceptance of Nomination" form completed by 9 presidential nominees

Signature

Applicant's Affirmation

I intend to run for the office stated above and solemnly affirm that I meet all qualifications for the office prescribed by law. 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

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