Affidavit of Intent for Presidential Primary Write-In Designation				Office Use Only:
Complete, sign, and return this form to the Colorado Secre	tary of State. Please type	e or print legibly.		
Office Information Year of General Election: 202	4			
I am seeking the presidential nomination of the fo	ollowing party:	mocratic [	Republican	
Qualifications for Office (You must check each		•		e )
☐ At least 35 years old ☐ Natural	-born U.S. citizen		U.S. resident for at least 14 y	/ears
Candidate Information				
Full Legal Name:				
Name <u>exactly</u> as it will appear on the write-in list				
Residence & Mailing Address				
Residence Street Address				
City	State	Zip Code		
Mailing Address				
City	State	Zip Code		
Telephone & E-mail Address		_		
Business Phone #	Extension			
Residence Phone #	E-mail Address			
Campaign Website (optional)				
Website				
Filing Requirement (You must check the box  Non-refundable filing fee of \$500 (payable via check the box)  Signature  Applicant's Affirmation  I hereby intend to run for the office stated above and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and so information provided on this form is, to the best of my kneeds and	eck or money order to Color	ado Department of	State)	law. Furthermore, the
Signature of Candidate	Date of Signing	=		
STATE OF				[seal]
COUNTY OF				
Subscribed and sworn to before me this day of	Month , 2	20 by	Printed name of Candidate Abov	 e
Signature (and Title) of Notary / Official Administering				
My Commission Expires:				
Colorado		olorado Secretary 20 Broadway, Suite		



 ${\it Email:} ballot.access@coloradosos.gov$ 

SOS Revised June 20, 2023 Section 1-4-1205, C.R.S.