

Affidavit of Intent for Write-In Designation

Office Use Only:

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

Office Information

Title of Office District

Write-in Candidate for the: Primary Election OR General Election

Qualifications for Office *(You must list the specific qualifications for this office)

Candidate Information

Full Legal Name

Name exactly as it will appear on the write-in list

Residence & Mailing Address

Residence Street Address

City State Zip Code

Mailing Street Address

City State Zip Code

Telephone & E-mail Address

Business Phone # Extension

Residence Phone # E-mail Address

Voter Registration Information

Year of Birth County of Registration

Party Affiliation Date of Affiliation

Signature

Applicant's Affirmation

I hereby intend to run for the office stated above and solemnly affirm under penalty of perjury that I meet all qualifications for the office prescribed by law. Furthermore, I certify that the information provided on this form is, to the best of my knowledge, true and correct.

[seal]

Signature of Candidate

Date of Signing

STATE OF COLORADO

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

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