Designation of Nomination by Vacancy Committee

Office Use Only:

Complete and sign. Please type or print legibly.

Office & District

Office _____ District _____

Vacancy Committee Information

Name of Political Party _____

Name of Vacancy Committee Chairman _____

Name & type of vacancy committee (District/County/etc.) _____

Date of vacancy committee meeting _____

Vacancy is a result of the following: _____

_____

(attach additional pages if necessary)

Candidate Information

The candidate below has been nominated to be placed on the ☐ Primary OR ☐ General Election Ballot

Date of Election _____

Name of Candidate _____

Residence Address

Street Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

County of Registration _____

Signature

Vacancy Committee Chairman Affirmation

By signing below I acknowledge that as the vacancy committee chairman I have the authority to file this nomination on behalf of the committee to nominate a candidate to fill the vacancy stated above. The nominated candidate is qualified to run for the designated office and all statements contained herein are to the best of my knowledge true and correct.

_____ _____

Signature of Vacancy Committee Chairperson Date of Signing [Seal]

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____ by _____.
Day Month Year Printed name of Vacancy Committee Chairperson Above

Signature (and Title) of Notary / Official Administering Oath _____

My Commission Expires: _____

Print Form

SOS Revised March 1, 2019
Sections 1-4-1002 C.R.S.