Candidate Acceptance of Designation
State Senate

Complete, sign, and return this form to the Colorado Secretary of State no later than 4 days after the adjournment of the assembly. Please type or print legibly.

Office Information

State Senate, District # [ ]

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

☐ At least 25 years old   ☐ Resident of the District for at least 12 months prior to the Election   ☐ 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 [CO]   Zip Code [ ]

Mailing Street Address [ ]

City [ ]   State [ ]   Zip Code [ ]

Telephone & E-mail Address

Business Phone # [ ]   Extension [ ]

Residence Phone # [ ]   E-mail Address [ ]

Campaign Website (optional)

Website [ ]

Voter Registration Information

Year of Birth [ ]   County of Registration [ ]

Party Affiliation [ ]   Date of Affiliation [ ]

Signature

Applicant's Affirmation

I accept the nomination and 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