Candidate Acceptance of Designation
State Senate

Office Use Only:

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

Colorado Secretary of State
1700 Broadway, Suite 550
Denver, Colorado 80290
Phone: (303) 894-2200
Fax: (303) 869-4861
Email: ballot.access@coloradosos.gov

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