Certificate of Designation by Assemb		Office Use Only:					
Complete, sign, and return this form no later than 4 days after ac							
Office & District							
Office		District					
Assembly Information							
Name of Political Party		County					
Location of Assembly	Date						
Number of Assembly Delegates Present and Voting							
Names of all Candidates Receiving Votes by Assembly (N				tes Receive		_	
Name & Address of Candidate	Votes Received			Votes Received	% of Vote Received	Rank	
Assembly Requirements (Please check all boxes that a	aro applica	hla)					
No more than 2 ballots were taken for the office listed on thi		Die,					
First Ballot							
At least one candidate received 30 percent or more of the volume. No candidate received 30 percent, therefore a second ballot		_		nt and vote	d on this off	ice.	
Second Ballot							
At least one candidate received 30 percent or more of the vo	tes of all dele	gates who v	were prese	nt and voted	d on this off	ice.	
$\hfill \square$ No candidate received 30 percent or more of the votes cast, votes are designated by the assembly.	therefore the	TWO candi	dates that	received the	highest nu	mber of	
Affiliation Requirement							
\Box I certify that each of the candidates listed on this form have by party rule or by law if the party has no such rule.	oeen affiliated	d with the p	olitical par	ty for the tin	ne period re	quired by	

	f Secretary or Chairm	an:								
Name								Phone #		
Address										
	rs of the Assembly Va on 1-4-601(2), C.R.S., assemblies are		•		ittee to f	ill vacancies	in design	ation or nor	nination.	
The ass	sembly did not select vacancy o	commit	tee membe	ers. Any vacar	ncy in de	esignation t	for the o	ffice on thi	s form will be filled per	party bylaws.
The ass	sembly chose the following peo	ople as	vacancy co	mmittee mer	mbers to	o fill vacanc	ies in de	esignation f	or the office on this for	n.
Name								Phone #		
Address										
Name								Phone #		
Address										
Name								Phone #		
Address										
Name								Phone #		
Address										
Name								Phone #		
Address										
Name Address								Phone #		
Address										
Name								Phone #		
Address										
Signatuı	re									
Affirmat	tion of Secretary or Chairman									
	solemnly affirm that the party I re st of my knowledge, true and cor		t is qualified	d to nominate	candid	ites by asse	mbly. Fu	rthermore,	the information provided	d on this form is
Signatı	ure of Secretary or Chairman			Date of Sig	ıning	_				
STATE	OF COLORADO)							[Seal]	
	TY OF) ss.								
		,	dav of			, 20 bv	,			
	ibed and sworn to before me this _									
	ure (and Title) of Notary / Official Ad		ring Oath _							
My Cor	mmission Expires:									