



Affidavit of Intent for Write-In Designation Lieutenant Governor

For CDOS office use only

1 Joint candidate information Provide the name of your gubernatorial running mate.

Gubernatorial running mate: _____

2 Candidate name Enter both your full legal name and your name exactly as it will appear on the write-in list.

Full legal name _____

Write-in list name _____

3 Candidate address Enter your physical address; PO Boxes or mailing addresses are not acceptable.

Address (not P.O. Box) _____

City or Town _____ State _____ Zip _____

4 Mailing address Enter your mailing address; PO Boxes are acceptable.

Address _____

City or Town _____ State _____ Zip _____

5 Contact information Enter your phone number(s) and email address(es) as applicable.

Candidate personal phone number _____

Candidate business or campaign phone number _____

Candidate email address _____

Campaign email address _____

6 Voter registration Information Enter the information on file with your county clerk.

Year of birth _____ County of registration _____

Party affiliation _____

This form continued on the following page

7 Affirmation Candidate should read affirmation then sign and date.

I hereby 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.

Candidate, sign in blue or black ink (Required)

| | | |
|---|--|-------------------------|
| X | | Date (mm/dd/yyyy) _____ |
|---|--|-------------------------|

8 Notary jurat To be completed by a Notary Public

State of _____ County of _____

Sworn to me this _____ day of _____, 20_____

by _____ (candidate above)

Notary seal

Notary signature, title, and date here (Required)

| | |
|---|--|
| X | |
|---|--|

Date (mm/dd/yyyy) _____

9 Submit Send this form electronically or in person using the information below.

Submit this form on or before the deadline for write-in designation to Secretary of State's office.

Scan and email this form to: Ballot.Access@ColoradoSOS.gov

Mail form to: Colorado Department of State - Ballot Access Unit 1700 Broadway Ste 550 Denver, CO 80290