Candidate Acceptance of Regent of the University of	-	Office Use Only:
Complete, sign, and return this form to the adjournment of the assembly. Please type	ne Colorado Secretary of State no later than 4 or print legibly.	days after
0	, District # eck each box to affirm that you meet the office of the Congressional District	qualifications for this office)
(for	Congressional Seat)	
Candidate Information		
Full Legal Name		
Name <u>exactly</u> as it will appear on the of	icial 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		
-	County of Registratio	n []
Year of Birth Party Affiliation	Date of Affiliation	
Signature Applicant's Affirmation I accept the nomination and affirm that I mee form is, to the best of my knowledge, true and	et all qualifications for the office prescribed by law. F correct.	urthermore, the information provided on this
Signature of Candidate	Date of Signing	
Colorado Secretary of State 1700 Broadway, Suite 550		

Phone: (303) 894-2200 Fax: (303) 869-4861 Email: <u>ballot.access@coloradosos.gov</u>