

# Candidate Acceptance of Designation

## State Treasurer

Office Use Only:

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

### Office Information

**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 Colorado for at least 2 years prior to the General 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  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  
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Denver, Colorado 80290  
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