

# Certificate of Designation by Assembly

Office Use Only:

Complete, sign, and return this form no later than 4 days after adjournment of the assembly.

## 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 (Must include the rank order of Votes Received and Percentage)

-----Ballot 1----- Ballot 2-----

Name & Address of Candidate	Votes Received	% of Vote Received	Rank	Votes Received	% of Vote Received	Rank

## Assembly Requirements (Please check all boxes that are applicable)

No more than 2 ballots were taken for the office listed on this form.

### First Ballot

At least one candidate received 30 percent or more of the votes of all delegates who were present and voted on this office.

No candidate received 30 percent, therefore a second ballot was cast on ALL candidates.

### Second Ballot

At least one candidate received 30 percent or more of the votes of all delegates who were present and voted on this office.

No candidate received 30 percent or more of the votes cast, therefore the TWO candidates that received the highest number of votes are designated by the assembly.

### Affiliation Requirement

I certify that each of the candidates listed on this form have been affiliated with the political party for the time period required by party rule or by law if the party has no such rule.

## Name of Secretary or Chairman:

Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

## Members of the Assembly Vacancy Committee:

Under section 1-4-601(2), C.R.S., assemblies are required to select a vacancy committee to fill vacancies in designation or nomination.

- The assembly did not select vacancy committee members. Any vacancy in designation for the office on this form will be filled per party bylaws.
- The assembly chose the following people as vacancy committee members to fill vacancies in designation for the office on this form.

Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Phone #	<input type="text"/>
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Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

Name	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>		

## Signature

### Affirmation of Secretary or Chairman

*I hereby affirm that the party I represent is qualified to nominate candidates by assembly. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.*

\_\_\_\_\_  
Signature of Secretary or Chairman

\_\_\_\_\_  
Date of Signing