Designation of Nomination by Vacancy Committee		Office Use Only:
Complete and sign. Please type or print legibly.		
Office & District		
Office District		
Vacancy Committee Information		
Name of Political Party		
Name of Vacancy Committee Chairman		
Name & type of vacancy committee (District/County/etc.)		
Date of vacancy committee meeting		
Vacancy is a result of the following:		
(attach additional pages if necessary)		
Candidate Information		
The candidate below has been nominated to be placed on the Primary OR General Election Ballot		
Date of Election		
Name of Candidate		
Residence Address Apt/Unit		
City State	CO Zip Code	
County of Registration		
Signature Vacancy Committee Chairman Affirmation By signing below I acknowledge that as the vacancy committee chairman I have the authority to file this nomination on behalf of the committee to nominate a candidate to fill the vacancy stated above. The nominated candidate is qualified to run for the designated office and all statements contained herein are to the best of my knowledge true and correct.		
Signature of Vacancy Committee Chairperson Date of Sign	ing .	