

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
www.sos.state.co.us



Space Below For Office Use Only

CANDIDATE AFFIDAVIT

[Art. XXVIII, Sec. 2(2) & 1-45-110(1), C.R.S.]

- State, County, School District, and Special District Candidates file with the Secretary of State
- Municipal Candidates file with the Municipal Clerk

This affidavit certifies that I, _____, a member of the
(Name*)
_____ political party/organization (if applicable), am a candidate
(Political Party*)
for the _____ election, [Art. XXVIII, Sec. 2(2)] for the office of _____,
(Year*) (Office*)
District _____ (if applicable), County _____ (if applicable).
(District*) (County*)

I understand that campaign finance activities in Colorado are governed by Article XXVIII of the Colorado Constitution, Article 45, Title 1 of the Colorado Revised Statutes (C.R.S.) (also known as the Fair Campaign Practices Act (FCPA)), and the Secretary of State's Rules Concerning Campaign and Political Finance.

I further certify that I am familiar with the provisions of the Colorado Fair Campaign Practices Act (FCPA) as required in §1-45-110 of the Colorado Revised Statutes.

Signature of Candidate* _____ Date*: _____

Physical Address of Candidate*: _____
(Street/City/St/Zip*)

Mailing address: _____

Business Phone: _____ Residence Phone*: _____

Fax: _____ Web Address: _____

E-Mail Address*: _____

Fields marked with * are required unless they do not apply to the race for which you are submitting this affidavit. The notary section below must be completed in full.

STATE OF COLORADO
COUNTY OF _____

Before me, _____, a notary/officer duly authorized to administer oaths, in and for said State, personally appeared _____, whose name is subscribed to the foregoing Candidate Affidavit, and who affirms, that said statements are true and that he/she acknowledges the execution of said instrument to be of their own free act and voluntary deed for the uses and purposes therein set forth.

Subscribed and affirmed to before me this _____ day of _____, 20_____.

(Seal)

(Notary/Official Signature)

(Commission Expires)

CANDIDATE AFFIDAVIT INSTRUCTIONS

Colorado Constitution Reference: Section 2(2), article XXVIII

Colorado Revised Statutes: Section 1-45-110(1), C.R.S.

Who uses this form? All candidates for public office.

Purpose of form: This form is to be used by all candidates seeking an elected office.

Is this form required for all candidates, including judges? YES, except that candidates in special district elections may file a self-nomination and acceptance form instead.

When should this form be filed? Form must be filed with the appropriate election official within 10 days of becoming a candidate.

When does an individual become a candidate? When the individual publicly announces an intent to seek public office and thereafter receives a contribution or makes an expenditure in support of the candidacy.

What is the definition of Public announcement? Campaign and Political Finance Rule 1.12 states: “ ‘Publicly announced an intention to seek election to public office or retention of a judicial office’ means that a person has made a statement signifying an interest in the office by means of a speech, advertisement, or other communication reported or appearing in public media or in any place accessible to the public. Such statement includes a stated intention to explore the possibility of seeking an office. The registration of a candidate committee shall also constitute a public announcement of an intention to seek election or retention.”

COMPLETING THE FORM

1. Print or type the name of candidate on the first line.
2. Print or type the political affiliation of the candidate, only if seeking a partisan office (one which has a party identification on the ballot). Do not complete for school district, special district or municipal candidates.
3. Print or type the year the office is up for election and the office being sought.
4. Indicate the district number of the office being sought, if applicable.
5. The candidate must sign and date the form. **Signature must be notarized.**
6. Print or type the physical address of the candidate. Include street, city, state and Zip Code (all are required).
7. Print or type the mailing address of the candidate if different than physical address.
8. Print or type the candidate’s business or residential telephone number.
9. Print or type the candidate’s E-Mail address. The Secretary of State’s office will use this address to send notices and correspondences.
10. **The remainder of the form must be completed by a Notary Public.**

Please note that this form and the information contained within are considered public information. All information is required (except party and district where they do not apply).

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Below Space or Office Use Only

NEW COMMITTEE REGISTRATION FORM

(1-45-108, C.R.S.)

Please use this form if you are registering a new committee for Colorado campaign finance purposes.

Independent Expenditure Committees Use Secretary of State Form CPF-37

Or register online at: tracer.sos.colorado.gov

Select Only One Committee Type:

- Candidate Committee State Political Committee Small Donor Committee Political Party
 Issue Committee Small-Scale Issue Committee 527 Political Organization

Committee Name:

_____ Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.

Committee Address (physical): _____

Committee Address (mailing): _____

Phone Number: _____ Alternate Phone Number: _____ Fax Number: _____

Web Address: _____

Check Only One Jurisdiction:

- State
 COUNTY
 Special District
 School District

Enter Applicable
Counties

Purpose/Office Sought (include party, office, district & election year, if applicable):

Financial Institution Information:

Institution Name: _____

Institution Address: _____

Authorized Agents Contact Information:

Registered Agent:

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Designated Filing Agent: (Optional)

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Registered Agent's Signature:

X _____ Date: _____

Designated Filing Agent's Signature:

X _____ Date: _____

Candidate Committee Complete the following:

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature:

X _____ Date: _____

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NEW COMMITTEE REGISTRATION FORM

(1-45-108, C.R.S.)

Please use this form if you are registering a new committee for Colorado campaign finance purposes.

Independent Expenditure Committees Use Secretary of State Form CPF-37

Or register online at: tracer.sos.colorado.gov

Select Only One Committee Type:

- Candidate Committee State Political Committee Small Donor Committee Political Party
 Issue Committee Small-Scale Issue Committee 527 Political Organization

Committee Name:

_____ *Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.*

Committee Address (physical): _____

Committee Address (mailing): _____

Phone Number: _____ Alternate Phone Number: _____ Fax Number: _____

Web Address: _____

Check Only One Jurisdiction:

- State
 COUNTY
 Special District
 School District

Enter Applicable
Counties

Purpose/Office Sought (include party, office, district & election year, if applicable):

Financial Institution Information:

Institution Name: _____

Institution Address: _____

Authorized Agents Contact Information:

Registered Agent:

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Designated Filing Agent: (Optional)

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Registered Agent's Signature:

X _____ Date: _____

Designated Filing Agent's Signature:

X _____ Date: _____

Candidate Committee Complete the following:

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature:

X _____ Date: _____

Colorado Secretary of State
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Web: www.sos.state.co.us



Below Space for Office Use Only
THIS FORM IS FILLABLE

FORM FOR AMENDMENT(S) TO EXISTING COMMITTEE REGISTRATION

(1-45-108, C.R.S.)

Please use this form if you are amending an existing committee registration

Independent Expenditure Committees use Secretary of State Form CPF-37

Existing Committee Name: _____

SOS ID/KEY#: _____

What changes need to be made? Please check all that apply, and fill in the appropriate section of the form.

- Committee Name Committee Contact Information Registered Agent Contact Information
 Committee Purpose Financial Institution Information Change in Person Acting as Registered Agent

Committee Contact Information: _____

Committee Address (physical): _____

Committee Address (mailing): _____

Phone number: _____ Alternate Phone number: _____



2023 Candidate Nomination Petition

May be circulated August 8th through August 28th only

THE TOP HALF OF THIS FORM MUST BE COMPLETED BY THE CANDIDATE BEFORE CIRCULATING FOR SIGNATURES

To: Heidi Leatherwood, City Clerk

I, _____ (full name of candidate), who resides at _____ (street address) in the City of Greeley, Colorado, hereby petition to be a candidate for the office of _____, for the term of ____ years, to be voted upon at the Regular Municipal Election to be held on the 7th day of November, 2023.

(Optional): I hereby designate the following person(s) to fill a vacancy in this nomination should a vacancy occur: (For each person listed below, include full name, address, and telephone number)

1. _____
2. _____
3. _____

SIGNATURE OF PETITIONERS

Printed Name	Signature	Street Address	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

ACCEPTANCE OF NOMINATION

I, _____ (full name of applicant), who resides at _____ (street address) in the City of Greeley, Colorado, being first duly sworn upon oath, hereby affirms and states as follows:

1. I hereby accept the nomination for the position of _____ and certify that I satisfy the qualifications set forth in Section 2-4 of the Charter of the City of Greeley, Colorado, to apply for Greeley municipal office. I understand that if I do not meet the qualifications set forth in Section 2-4 of the Charter of the City of Greeley, Colorado, I will be deemed unqualified to be a candidate for Greeley municipal office. I declare that I meet these qualifications as follows:
 - a. I hereby certify that I am a citizen of the United States.
 - b. I hereby certify that I am at least 21 years of age.
 - c. I hereby certify that I will hold no other elective office if elected to the Greeley City Council.
 - d. I hereby certify that I am a resident of the City of Greeley and have been for at least one year.
 - e. I hereby certify that I have been a resident of the ward for which I have been nominated for at least 90 days. (only if running for Ward Council Member)
 - f. I hereby certify that have never been convicted of a felony.

2. I hereby certify that the statements set forth above are true and correct to the best of my current knowledge and belief.

DATED this ____ day of _____, 20__.

Signature of Candidate

Printed Name of Candidate

Please print how you would like your name to appear on the ballot

SUBSCRIBED TO AND SWORN before me this ____ day of _____, 20__.

Notary Public

My Commission Expires: _____



2023 Candidate Nomination Petition

May be circulated August 8th through August 28th only

THE TOP HALF OF THIS FORM MUST BE COMPLETED BY THE CANDIDATE BEFORE CIRCULATING FOR SIGNATURES

To: Heidi Leatherwood, City Clerk

I, _____ (full name of candidate), who resides at _____ (street address) in the City of Greeley, Colorado, hereby petition to be a candidate for the office of MAYOR , for the term of 2 (TWO) years, to be voted upon at the Regular Municipal Election to be held on the 7th day of November, 2023.

(Optional): I hereby designate the following person(s) to fill a vacancy in this nomination should a vacancy occur: (For each person listed below, include full name, address, and telephone number)

1. _____
2. _____
3. _____

SIGNATURE OF PETITIONERS

Printed Name	Signature	Street Address	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Printed Name	Signature	Street Address	Date
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Affidavit of Circulator

I, _____ (full name of circulator), hereby certify that I circulated this petition and that each signature is the signature of the person whose name it purports to be and that each signer has stated that he or she is a registered elector in the City of Greeley, Colorado.

Signature of Circulator

Date

STATE OF COLORADO)
)
COUNTY OF WELD)
)
CITY OF GREELEY)

SS.

Subscribed and sworn to before me this _____ day of _____, 2023.

(SEAL)

Notary Public

My Commission expires: _____

ACCEPTANCE OF NOMINATION

I, _____ (full name of candidate), who resides at _____ (street address) in the City of Greeley, Colorado, being first duly sworn upon oath, hereby affirms and states as follows:

1. I hereby accept the nomination for the position of **MAYOR**, and certify that I satisfy the qualifications set forth in Section 2-4 of the Charter of the City of Greeley, Colorado, to apply for Greeley municipal office. I understand that if I do not meet the qualifications set forth in Section 2-4 of the Charter of the City of Greeley, Colorado, I will be deemed unqualified to be a candidate for Greeley municipal office. I declare that I meet these qualifications as follows:
 - a. I hereby certify that I am a citizen of the United States.
 - b. I hereby certify that I am at least 21 years of age.
 - c. I hereby certify that I will hold no other elective office if elected to the Greeley City Council.
 - d. I hereby certify that I am a resident of the City of Greeley and have been for at least one year.
 - e. I hereby certify that I have been a resident of the Ward for which I have been nominated for at least 90 days. (only if running for Ward Council Member)
 - f. I hereby certify that have never been convicted of a felony.

2. I hereby certify that the statements set forth above are true and correct to the best of my current knowledge and belief.

DATED this ____ day of _____, 20__.

Signature of Candidate

Printed Name of Candidate

Please print how you would like your name to appear on the ballot

SUBSCRIBED TO AND SWORN before me this ____ day of _____, 20__.

Notary Public
My Commission Expires: _____

