

Instructions for Unaffiliated Candidate Petitions

FOR PETITION SIGNERS

1. BEFORE YOU SIGN

- A. Read the warning at the top of the page.
- B. Make sure you are a registered voter in the [name of political subdivision or district] and have not signed any other candidate petition for the same office.
- C. Do not sign for anyone else.
- D. The petition circulator may not assist you. If you need assistance, a third party should provide it. Immediately following your name, the assistor must sign his or her name, provide an address, and state that he or she assisted you.

2. HOW TO SIGN

- A. Print clearly.
- B. Completely fill out the signature block. Do not use ditto marks.
- C. Use black or blue ink.
- D. List your residence address (including street name and number) where you are registered to vote. Do not use a post office box.
- E. Place today's date under "Date of Signing."
- F. **Corrections:** To make a small correction, simply initial the change. If you need to make a larger correction, completely cross out the mistake and proceed to the next signature block.

FOR PETITION CIRCULATORS

3. TO CIRCULATE A PETITION

- A. Only one person may circulate each petition section.
- B. You must accompany the petition at all times. Do not leave the petition unattended or pass it unaccompanied among potential signers.
- C. You must witness every signature block as the signer completes it.
- D. Do not take the petition section apart or remove the original staples.
- E. Make sure that the signature block is complete before a signer leaves.

4. AFTER COLLECTING SIGNATURES

- A. Turn in this petition section, even if not every signature block is completed.
- B. Personally take this petition section to a notary public for notarization.
WARNING: You may only complete your affidavit when in front of the notary. Do not sign or date it beforehand. Do not fill out the notary's section.
- C. You may not collect additional signatures on this petition section after the affidavit has been notarized. Immediately return notarized petition sections to:

[Insert the name and mailing address (and the phone number if possible) of the candidate or the name and mailing address of someone designated to represent the candidate.]

This format must be submitted to the Designated Election Official's Office and approved before circulation. Please adhere to the following guidelines:

- File your format as a proto type of the petition as it will be circulated;
- Margins must be at least 0.5 inches in size to allow for petition processing and verification;
- Format text must be in black ink only. The format sample includes red bracketed text wherever information must be inserted by the candidate or representative;
- ***The instructions within this box should not be included in your proto type.***

UNAFFILIATED CANDIDATE GENERAL ELECTION DESIGNATION PETITION

**WARNING:
IT IS AGAINST THE LAW:**

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same candidate or to knowingly sign the petition when not a registered elector.

DO NOT SIGN THIS PETITION UNLESS YOU ARE AN ELIGIBLE ELECTOR. TO BE AN ELIGIBLE ELECTOR YOU MUST BE REGISTERED TO VOTE AND ELIGIBLE TO VOTE IN [INSERT NAME OF POLITICAL SUBDIVISION] ELECTIONS.

Do not sign this petition unless you have read or have had read to you the proposed nomination petition in its entirety and understand its meaning.

Section 1-4-902, C.R.S.

PETITION TO NOMINATE [INSERT CANDIDATE'S NAME] TO THE OFFICE OF [INSERT TITLE OF OFFICE/DISTRICT #] AS AN UNAFFILIATED CANDIDATE.

We, the undersigned eligible electors of the State of Colorado hereby nominate [insert candidate's name], who resides at [insert street name & number, city/town, zip, county] for the office of [insert title of office / district #] to be voted on at the November 3, 2026 General Election.

Signer's Statement: I have not signed any other petition for any other candidate for the same office.

The following unaffiliated voters are appointed as a committee to fill any vacancy in this nomination:

<u>Name</u>	<u>Address</u>
[Insert Name]	[Insert Address]
[Insert Name]	[Insert Address]
[Insert Name]	[Insert Address]

1	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
2	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
3	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
4	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
5	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
6	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
7	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
8	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
9	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
10	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing

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PETITION TO NOMINATE [INSERT CANDIDATE'S NAME] TO THE OFFICE OF [INSERT TITLE OF OFFICE/DISTRICT #] AS AN UNAFFILIATED CANDIDATE.

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Signer's Statement: I have not signed any other petition for any other candidate for the same office.

11	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
12	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
13	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
14	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
15	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
16	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
17	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
18	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
19	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
20	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing

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Section 1-4-902, C.R.S.

PETITION TO NOMINATE [INSERT CANDIDATE'S NAME] TO THE OFFICE OF [INSERT TITLE OF OFFICE/DISTRICT #] AS AN UNAFFILIATED CANDIDATE.

AFFIDAVIT OF CIRCULATOR

I do solemnly affirm under penalty of perjury that:

- I have read and understand the laws governing the circulation of petitions;
- I was a citizen of the United States and at least 18 years of age at the time this section of the petition was circulated and signed by the listed electors;
- I circulated this section of the petition;
- Each signature on this petition was affixed in my presence;
- Each signature on this petition is the signature of the person whose name it purports to be;
- To the best of my knowledge and belief each of the persons signing this petition section was, at the time of signing, an eligible elector; and
- I have not paid or will not in the future pay and I believe that no other person has paid or will pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing such signer to affix his or her signature to the petition.
- I understand that I can be prosecuted for violating the law governing the circulation of petitions, including the requirement that the I truthfully completed the affidavit and that each signature thereon was affixed in my presence; and
- I understand that failing to make myself available to be deposed and to provide testimony in the event of a protest shall invalidate the petition section if it is challenged on the grounds of circulator fraud.

Circulator Name (please print)

Last Name	First Name

Permanent Residence Address (or location if homeless)

Street name and number (no P.O. Boxes)	City/Town	County	State	Zip Code

Sign and Date in the Presence of a Notary

Signature of Circulator	Date of Signing

A NOTARY PUBLIC MUST COMPLETE THE FOLLOWING SECTION:

STATE OF COLORADO

COUNTY OF _____

Subscribed and affirmed before me this _____ day of _____, 20____ by _____
Day Month Year Printed name of **Circulator** above

Signature (and Title) of Notary / Official Administering Oath: _____

My Commission Expires: _____

[seal]