



LAS ANIMAS COUNTY
PRECINCT COMMITTEEPERSON
NOMINATION PAPER
DECLARATION OF QUALIFICATION
[C.R.S. §§ 1-3]

FOR OFFICE USE ONLY
VOTER ID # _____

(Place Date Stamp Here)

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of

PRECINCT COMMITTEEPERSON- _____
(PRINT THE PRECINCT NAME & LEGISLATIVE DISTRICT #)

subject to the action of the **LAS ANIMAS COUNTY REPUBLICAN PARTY** at the _____ to be held on _____, **20**_____.

I will have been a citizen of the United States for _____ years before my election and will have been a citizen of Colorado for _____ years before my election and will meet the age requirement for the office I seek and have resided in **LAS ANIMAS** County for _____ years and in _____ voting precinct for _____ years before my election.

I declare, under penalty of perjury, that the information in this Nomination Paper and Declaration of Qualification is true and correct, and that at the time of filing I am a resident of the county, district or precinct which I propose to represent, that I have no final, outstanding judgments against me. I have read, understood and will comply with the duties and responsibilities of the Precinct Organizer have and watched the prescribed training video. I understand the task required and will attend all prescribed events and meetings, I will be qualified at the time of election to hold the office that I seek.

Residence address or description of place of residence (city or town) (zip)

Mailing Address (if different from residence address) (city or town) (zip)

Print or type your name below

as recorded on the Voter Registration for the State of Colorado
(Ballot Name will appear Last Name first in ALL CAPS)

_____, _____, _____
LAST NAME

FIRST NAME

MIDDLE NAME OR INITIAL
(or nickname - if any)

X _____
CANDIDATE SIGNATURE

DATE

Please Provide Additional Contact Information For Office Use Only:

Email Address: _____ Phone #: _____