

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.

