# AFFIDAVIT OF CIRCULATOR

I do solemnly swear or 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, a registered elector;
- 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 laws governing the circulation of petitions, including the requirement that a circulator truthfully completed the affidavit and that each signature on the petition was affixed in the circulator's presence;
- 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;
- I understand that the entire petition section may be rejected if any portion of the circulator affidavit is incomplete; and
- I understand that I am required to provide my permanent residence address and the temporary street address where I am staying in Colorado if I am not a Colorado resident.

**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

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**STATE OF COLORADO, COUNTY OF**

**Subscribed and sworn or affirmed before me this** ____ **day of** ____ **, 20** ____

Day | Month | Year

Stamp notary seal within the box below

**by** ____ .

Printed name of Circulator above

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

**My Commission Expires:**