



**CERTIFICATE OF DESIGNATION**

DATE: \_\_\_\_\_

TO: Vincent Talucci, Executive Director/Chief Executive Officer  
International Association of Chiefs of Police  
44 Canal Center, Suite 200  
Alexandria, VA 22314-2357

FROM: \_\_\_\_\_

In accordance with the requirements set forth in the Election Procedures, the following information is submitted for the records at IACP Headquarters.

I am a candidate for an elective office. I have listed below the name(s) of both my campaign manager and treasurer. I agree to comply with election rules as set forth in Rule I Part VII, Section 2 of the IACP Constitution.

Campaign Manager

\_\_\_\_\_ Membership Number: \_\_\_\_\_

Treasurer

\_\_\_\_\_ Membership Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate