## **SELF- NOMINATION AND ACCEPTANCE**

C.R.S 1-13.5-303; 1-45-109(1)(II); 1-45-110; SOS CPF Rule 16; 1-4-908(1); 1-4-912

I,	ē
(full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD," "R	everend," or "Chief")
who reside at:	
(Residence Street Name and Number)	
(City or Town, Zip Code)	
(County, State)	
(Mailing Address, if different from residence address)	
whose email address is:	
(Email Address)	
hereby nominate myself and accept such nomination for the office of Dir	
[two-year / four-year] term on the Board of Directors of the	District at the
regular election on May 2, 2023, and will serve if elected.	
I affirm that I am an eligible elector of the	District and am
an eligible elector at the date of signing this Self-Nomination and Acceptance Form (or letter).	
I am an eligible elector because I am registered to vote in Colorado and am (mark one):	
A resident of the District; or	
The owner (or spouse/civil union partner of owner) of taxable real or personal property si within the boundaries of the District, Spouse's Name, if property is in spouse's name:	tuated
A person who is obligated to pay taxes under a contract to purchase taxable property wit District.	hin the
Mark here if you are a member of an executive board of a unit owner as defined in § 38-33.3-103 of the Colorado Revised Statutes, located withi boundaries of the district for which you are running for office.	·

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in § 1- 45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200 in the aggregate during the election cycle, however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this	day of	, 202	23 . WITNESSED by the	
following registered elected	or:			
(Signature of Candidate) (Signature	iture of Witness)			
(Printed Full Name of Candidate	(Printed Full Name of W	/itness)		
(Email Address) (Residence Ad	dress) (County) (City/Tow	n, State, Zip (	Code)	
(Telephone Number) (Telephon	e Number)			
For Use by the Designa				
Received on:(date)	, at		Received by:(name)	·
Self-Nomination Form De Sufficient on:		Date/Time)		
Not Sufficient on:	C	Candidate N	Notified on:	(Date)
Received Amended Form	ı on:		(Date/Time)	
Amended Form Sufficient	on:		(Date/Time)	
County in which the distri	ct court that authorize	ed the crea	tion of the special district is loc	ated:
County.				
After review, the DEO sha than the 67th day prior to the el	•	n of the suf	ficiency or insufficiency of the c	andidate; no late
***ATTENTION: DO NOT	FILE WITH THE SECI	RETARY OF	STATE IF YOUR ELECTION IS	CANCELLED!***
Copy sent to Secretary of self-nomination and acceprior to the election, March 3, 202	ptance form must be		is not cancelled, the ne Secretary of State no later th	han the 60th day