SELF- NOMINATION AND ACCEPTANCE

C.R.S 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110; SOS CPF Rule 16; 1-4-908(1), 1-4-912

Email Address:		Telephone:	
Candidate Signatı	ure:	Date:	
in § 1- 45-110 of a contributions or if I do so, I will the	the Colorado Revised Statu make expenditures exceedin hereafter file all disclosure n re reports are required to be	provisions of the Fair Campaign Practices Act as requites, and I will not, in my campaign for this office, receing \$200 in the aggregate during the election cycle, how reports required under the Fair Campaign Practices A e filed unless and until the two hundred dollar (\$200)	ve ever
	the Colorado Revised Statu	executive board of a unit owner's association, as defin- tes, located within the boundaries of the district for wh	
	A person who is obligated within the District.	ated to pay taxes under a contract to purchase taxable prop	erty
i am an eligible el	A resident of the Distr The owner (or spouse/o property situated within in spouse's name:	I to vote in Colorado and am (mark one): rict, or area to be included in the District; or civil union partner of owner) of taxable real or personal n the boundaries of the District, Spouse's Name, if proper	•
	•		
	n an eligible elector of the D and Acceptance Form (or lette	pistrict and am an eligible elector at the date of signing this	;
A three-y	ear term until the regular spe	ecial district election to be held in May 2025.	
•	-	mination for the following office of Director at the May 3 ection District ("District") and will serve if elected:	ί,
	(mailing address if diffe	Ferent from residence address)	
_	(county), (state)		•
_	(city/town, zip code)		•
	(residence street name	and number)	
who resides at:		,	
(PRINTED f	full name of the candidate as t "MD," "Reverend," or	the name will appear on the ballot, cannot use titles such a "Chief")	.S
1,			

PLEASE HAVE A WITNESS COMPLETE THE CERTIFICATION ON THE BACK

Ι,		, a registered elector of the State,
(PRINTED full name of witness)		
Who resides at:		
(residence street name and number)	(city/town)	(zip code)
(county)	(state)	
(mailing address if different from residence a	address)	_
sign this Self-Nomination and Acceptance F	orm as witness to the Candid	ate's signing.
Witness Signature:		Date:
		Telephone:
3:00 p.m. on the deadline date. To meet Fa filed with the Secretary of State no less that Official will file the self-nomination forms Sue Blair, Designated Election Office Community Resource Services of Co 7995 E. Prentice Avenue, Suite 1031 Greenwood Village, CO 80111 303.381.4960 via email: elections@o Office hours: 8am – 5pm Monday the	an 60 days before the Electics with the Secretary of State cial colorado E crsofcolorado.com	on. The Designated Election
For Use by the Designated Election Officia	al or his/her designee:	
Received on:(date) Received by:	, at (time)	am/pm
Self-Nomination Form Deemed: Sufficient on: (6 Not Sufficient on: Care Received Amended Form on: Amended Form Sufficient on: (7)	andidate Notified on:	(date/time)
County in which the district court that author		
Copy sent to Secretary of State on:and acceptance form must be filed with the SMarch 4, 2022].		