SELF- NOMINATION AND ACCEPTANCE

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

$\mbox{\ensuremath{\textbf{I}}},$ (full name of the candidate as the name will appear on the ballot, cannot use	titles such as "MD," "Reverend," 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	e office of Director for [a
two-year term*] a three-year term [forDirector	District, if applicable] 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 letter).	-Nomination and Acceptance Form (or
I am an eligible elector because I am registered to vote in Colorado a	and am (mark one):
A resident of the District, or area to be included in	the district; or
The owner (or spouse/civil union partner of owner) within the boundaries of the District, Spouse's Nam	
A person who is obligated to pay taxes under a con District.	ntract to purchase taxable property within the
Mark here if you are a member of an executive board defined in § 38-33.3-103 of the Colorado Revised Statutes, I district for which you are running for office.	
I further affirm that I am familiar with the provisions of the Frequired in § 1- 45-110 of the Colorado Revised Statutes, ar office, receive contributions or make expenditures exceeding election cycle, however, if I do so, I will thereafter file all distrair Campaign Practices Act.	nd I will not, in my campaign for this ng \$200 in the aggregate during the
DATED this , 20	WITNESSED by the following
registered elector:	
(Signature of Candidate) (Signature of Candidate)	ature of Witness)
(Printed Full Name of Candidate) (Printed	ed Full Name of Witness)
(Email Address) (Resid	dence Address) (County) (City/Town, State, Zip Code
(Telephone Number) (Tele	phone Number)

For Use by the Designated Election Official:

Receive	ed on:	, at:	Received by:	
	(Date)	(Time)	(Na	ame)
Self-Nomination Form Deemed:				
	Sufficient on:	(Date	e/Time)	
	Not Sufficient on:	Cand	didate Notified on:	(Date)
	Received Amended Form on:		(Date/Time)	
	Amended Form Sufficient on:		(Date/Time)	
County in which the district court that authorized the creation of the special district is located:County.				
Copy sent to Secretary of State on: (Date) [If the election is <u>not</u> cancelled, the self-nomination and acceptance form must be filed with the Secretary of State no later than the 60 th day prior to the election, March 3, 2023.].				

***ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!