## 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

1,		
	name of the candidate as the "MD," "Reverend," or	ne name will appear on the ballot, cannot use titles such as "Chief")
who resides at:	, ,	,
	(residence street name	and number)
	(city/town, zip code)	
	(county), (state)	
	(mailing address if diffe	rent from residence address)
		<b>nination</b> for the following office of Director at the May 6, in District, ("District") and will serve if elected:
A four-year t	erm until the regular distri	ct election to be held in May 2029.
	a eligible elector of the Di Acceptance Form (or lette	strict and am an eligible elector at the date of signing this r).
I am an eligible elector	or because I am registered	to vote in Colorado and am (mark one):
	The owner (or spouse/c property situated within in spouse's name:	ct, or area to be included in the District; or ivil union partner of owner) of taxable real or personal the boundaries of the District, Spouse's Name, if property is ted to pay taxes under a contract to purchase taxable property
	Colorado Revised Statut	executive board of a unit owner's association, as defined in es, located within the boundaries of the district for which
in § 1-45-110 of the contributions or mal if I do so, I will there	Colorado Revised Statut ke expenditures exceedin eafter file all disclosure re eports are required to be	rovisions of the Fair Campaign Practices Act as required es, and I will not, in my campaign for this office, receive g \$200 in the aggregate during the election cycle, however eports required under the Fair Campaign Practices Act, filed unless and until the two hundred dollar (\$200)
Candidate Signature:_		Date:
Email Address:		Telephone:

## PLEASE HAVE A WITNESS COMPLETE THE CERTIFICATION ON THE BACK

WITNESS CERTIFICATION:		
I,		, 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 resider	nce address)	
sign this Self-Nomination and Acceptance	ce Form as witness to the Candid	ate's signing.
Witness Signature:		Date:
PROCEDURAL INSTRUCTIONS: T		Telephone:
5:00 p.m. on the deadline date. To mee filed with the Secretary of State no less Official will file the self-nomination fo  Sue Blair, Designated Election Community Resource Services of 7995 E. Prentice Avenue, Suite Greenwood Village, CO 80111 303.381.4960 via email: election Office hours: 8am – 5pm Monda	s than 60 days before the Elections with the Secretary of State Official of Colorado 103E  ns@crsofcolorado.com ay through Friday	on. The Designated Election
For Use by the Designated Election Of		
Received on: (date)  Received by:	, at (time)	
Self-Nomination Form Deemed:  Sufficient on:  Not Sufficient on:  Received Amended Form on:	(date) _ Candidate Notified on:	(date) (date/time)
Copy sent to Secretary of State on: and acceptance form must be filed with t March 7, 2025].	(Date) [If the election the Secretary of State no later that	is not cancelled, the self-nomination in the 60 <sup>th</sup> day prior to the election,