## **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

I, <u>(PRINTED</u> fi		
who resides at:	wid, reverend, or e	iner )
who resides at.	(residence street name and	d number)
	(city/town, zip code)	
(PRINTED full name of the candidate as the name will "MD," "Reverend," or "Chief") who resides at:  (residence street name and number)		
	(mailing address if differen	nt from residence address)
A four-ye	ear term until the regular special	district election to be held in May 2029.
	an eligible elector of the Distrand Acceptance Form (or letter).	ict and am an eligible elector at the date of signing this
I am an eligible el	ector because I am registered to	vote in Colorado and am (mark one):
	The owner (or spouse/civi	or area to be included in the District; or l union partner of owner) of taxable real or personal se boundaries of the District, Spouse's Name, if property is to pay taxes under a contract to purchase taxable property
	he Colorado Revised Statutes,	cutive board of a unit owner's association, as defined in located within the boundaries of the district for which
in § 1-45-110 of the contributions or the if I do so, I will the	the Colorado Revised Statutes, make expenditures exceeding S nereafter file all disclosure rep e reports are required to be fil	visions of the Fair Campaign Practices Act as required and I will not, in my campaign for this office, receive \$200 in the aggregate during the election cycle, however orts required under the Fair Campaign Practices Act, ed unless and until the two hundred dollar (\$200)
Candidate Signatu	re:	Date:
Email Address:		Telephone:

PLEASE HAVE A WITNESS COMPLETE THE CERTIFICATION ON THE BACK

(PRINTED full name of witness)  Who resides at:  (residence street name and number) (city/town)  (county) (state)  (mailing address if different from residence address)  sign this Self-Nomination and Acceptance Form as witness to the Canal	(zip code)
(residence street name and number) (city/town)  (county) (state)  (mailing address if different from residence address)	(zip code)
(county) (state)  (mailing address if different from residence address)	(zip code)
(mailing address if different from residence address)	
sign this Self-Nomination and Acceptance Form as witness to the Cano	
•	didate's signing.
Witness Signature:	Date:
	Telephone:
recommended that prospective candidates submit their Self-Nomin 3:00 p.m. on the deadline date. To meet Fair Campaign Practices A	
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