SELF-NOMINATION AND ACCEPTANCE

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

who re	side at:			
	(Residence Street Name and	Number)		
	(City or Town, Zip Code)			
	(County, State)			
	(Mailing Address, if different fi	rom residence address	s)	
whose	email address is:(Email Ad			
				two year
_	•	-	ation for the office of Director for [a	
	<u> </u>		et, if applicable] on the Board of Direct	ors of the
	t at the regular election on Ma	•		
I affirm	n that I am an eligible electo	r of the	District and acceptance Form (or letter).	nd am an
I furthe	et for which you are running er affirm that I am familiar w ed in § 1- 45-110 of the Colo	for office. ith the provisio rado Revised S	Statutes, located within the boundaries of the Fair Campaign Practices statutes, and I will not, in my campa	Act as ign for this
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For Use by the Designated Election Official:

Received on:(Date)	, at: Received by:					
(Date)	(Time)	(Name)				
Self-Nomination Form Deemed:						
Sufficient on:	(Date/Time)					
Not Sufficient on:	Candidate Notified	l 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.						
After review, the DEO shall provide notification of the sufficiency or insufficiency of the candidate; no later than the 67 th day prior to the election.						
***ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!						
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 7, 2025.].						