SELF-NOMINATION AND ACCEPTANCE

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

o resides at: (Residence Street Name an (City or Town, Zip Code) (County, State)	nd Number)	
(City or Town, Zip Code)	nd Number)	
(County, State)		
(Mailing Address, if different	t from residence address	s)
ose email address is:		
ose email address is:(Email /	Address)	
-33.3-103 of the Colorado Revised ining for office. Irther affirm that I am familiar with -110 of the Colorado Revised Stat	d Statutes, located h the provisions of tutes, and I will not 200 in the aggregat	e board of a unit owner's association, as defined in within the boundaries of the district for which you a the Fair Campaign Practices Act as required in § t, in my campaign for this office, receive contribution te during the election cycle, however, if I do so, I w Fair Campaign Practices Act.
TED thisday of	, 20	WITNESSED by a Colorado registered voter:
TED thisday of	, 20 	WITNESSED by a Colorado registered voter:
	, 20 	
nature of Candidate)	, 20 	(Signature of Witness)
nature of Candidate) nted Full Name of Candidate)	, 20 	(Signature of Witness) (Printed Full Name of Witness)
nature of Candidate) nted Full Name of Candidate) nail Address)	, 20 	(Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Code
Inature of Candidate) Inted Full Name of Candidate) Inail Address) Inter Number)	pful for DEO to exp	(Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Code (Telephone Number)
nature of Candidate) nted Full Name of Candidate) nail Address) ephone Number) lity Section (not required, but helg eligible elector because I am registered	pful for DEO to exp	(Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Code (Telephone Number)
nature of Candidate) nted Full Name of Candidate) nail Address) ephone Number) lity Section (not required, but help eligible elector because I am registered A resident of the District; or	pful for DEO to exp d to vote in Colorado a	(Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Cod (Telephone Number) pedite)

For Use by the Designated Election Official:

Received on:	_, at:	Received by:	
(Date)	(Time)		(Name)
Self-Nomination Form Deemed:			
Sufficient on:	(Date	e/Time)	
Not Sufficient on:	Can	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.

After review, the DEO shall provide notification of the sufficiency or insufficiency of the candidate; no later than the 67th 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 60th day prior to the election, March 3, 2023.].