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,		
	Il name of the candidate as th "MD," "Reverend," or "	e name will appear on the ballot, cannot use titles such as 'Chief')
who resides at:		
_	(residence street name a	nd number)
	(city/town, zip code)	
	(county), (state)	
	(mailing address if differ	rent from residence address)
		ination for the following office of Director at the May 2, politan District No. 3 ("District") and will serve if elected:
A two-yea	r term until the regular specia	al district election to be held in May 2025.
A four-year	ar term until the regular speci	al district election to be held in May 2027.
	an eligible elector of the Dis and Acceptance Form (or letter	strict and am an eligible elector at the date of signing this
	A resident of the Distriction The owner (or spouse/ciproperty situated within in spouse's name:	o vote in Colorado and am (mark one): et, or area to be included in the District; or vil union partner of owner) of taxable real or personal the boundaries of the District, Spouse's Name, if property is ed to pay taxes under a contract to purchase taxable property
	ne Colorado Revised Statute	xecutive 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 mif I do so, I will the	ne Colorado Revised Statuto nake expenditures exceeding ereafter file all disclosure re reports are required to be	covisions 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 ports required under the Fair Campaign Practices Act, filed unless and until the two hundred dollar (\$200)
Candidate Signatur	e:	Date:
Email Address:		Telephone:

(PRINTED full name of witness) Who resides at: (residence street name and number)		
(recidence street name and number)		
(residence succe name and number)	(city/town)	(zip code)
(county)	(state)	
(mailing address if different from residence address	ess)	
sign this Self-Nomination and Acceptance Form	as witness to the Candida	te's signing.
Witness Signature:	I	Date:
	7	Гelephone:
Greenwood Village, CO 80111 303.381.4960 via eno less than 60 Conficial with the Secretary of State no less than 60 Conficial will file the self-nomination forms with the Sue Blair, Designated Election Official Community Resource Services of Colora 7995 E. Prentice Avenue, Suite 103E Confiction of Substitution of Sub	h the Secretary of State. ado	
Office hours: 8am – 5pm Monday through	gh Friday	
For Use by the Designated Election Official or		,
Received on:	, at (time)	am/pm
	(tille)	
(date)		
(date) Received by: Self-Nomination Form Deemed:		
(date) Received by:	1	(date)
(date) Received by:	1	(date/time)
(date) Received by:) date Notified on:	(date/time)
(date) Received by:	date Notified on:	(date/time)
(date) Received by:	date Notified on:(Date) [If the election	(date/time) (date/time) is not cancelled, the self-nomination