## SELF- NOMINATION AND ACCEPTANCE FORM

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

I,	
(full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD," "Reverend," o	or "Chief")
who reside at:(Residence Street Name and Number)	
(Residence Street Name and Number)	
(City or Town, Zip Code)	
(County, State)	
(Mailing Address, if different from residence address)	
whose email address is:	
(Email Address)	
hereby nominate myself and accept such nomination for the office of Directors of the	
regular election on May 6, 2025, and will serve if elected4-year term or	_2-year term
I affirm that I am an eligible elector of the	_ District and am
I am an eligible elector because I am registered to vote in Colorado and am (mark one):	
A resident of the District; or	
The owner (or spouse/civil union partner of owner) of taxable real or personal property situ within the boundaries of the District, Spouse's Name, if property is in spouse's name:	ated
A person who is obligated to pay taxes under a contract to purchase taxable property with District.	nin the
Mark here if you are a member of an executive board of a unit owner as defined in § 38-33.3-103 of the Colorado Revised Statutes, located within boundaries of the district for which you are running for office.	

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in § 1- 45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200 in the aggregate during the election cycle, however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this	day of	, 2025. <b>WITNESSED</b> by the
following registered elector:		
(Signature of Candidate)		(Signature of Witness)
(Printed Full Name of Candidate)		(Printed Full Name of Witness)
(Email Address)		(Residence Address) (County) (City/Town, State, Zip Code)
(Telephone Number)		(Telephone Number)
	M OR MAIL TO MI	TEELE@DDMALAW.COM, RBILEK@DDMALAW.COM, LLER LAW PLLC, 1555 CALIFORNIA STREET NO. 505, :
Received on:(date)	, at: (tir	Received by: me) (name)
Self-Nomination Form Deem Sufficient on:		Pate/Time)
Not Sufficient on:	C	andidate Notified on: (Date)
Received Amended Form on	ı:	(Date/Time)
Amended Form Sufficient on	ı:	(Date/Time)
County in which the district of	ourt that authorize	ed the creation of the special district is located:
County		
After review, the DEO shall p than the 67th day prior to the elect		of the sufficiency or insufficiency of the candidate; no later

\*\*\*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 not cancelled, the self-nomination and acceptance form must be filed with the Secretary of State no later than the 60th day, March 7, 2025, prior to date of the election on May 6, 2025.