## **SELF-NOMINATION AND ACCEPTANCE**

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

Ī				
(full name of	f the cand	idate as the name will a	ppear on the ballot,	cannot use titles such as "MD," "Reverend," or "Chief")
who reside at	::			
	(Reside	nce Street Name and N	umber)	
	(City or	Town, Zip Code)		
	(Oity Oi	Town, Zip Gode)		
	(County	, State)		
	(Mailing	Address, if different fro	m residence addres	s)
whose email	addres	s is:		
Wilder official	aaaioo	(Email Add	ress)	
hereby nomi	inate m	yself and accep	t such nomina	ation for the office of Director for a four-year
term [a	two-ye	ear term, if applica	able], [for	Director District, if applicable] on the Board of
Directors of t	he			District at the regular election on May 6,
2025, and wi	II serve	e if elected.		
I affirm that I	l am an	eliaible elector	of the	District and am an
eligible electo	or at the	date of signing t	his Self-Nomin	ation and Acceptance Form (or letter).
I am an	n eligible	elector because I am	registered to vote	e in Colorado and am (mark one):
		A resident of the D	-	
		The owner (or spou	use/civil union par	tner of owner) of taxable real or personal property situated Spouse's Name, if property is in spouse's name:
		A person who is ob District.	oligated to pay tax	es under a contract to purchase taxable property within the
defined in § district for w  I further affir required in § office, received	38-33.3 hich year m that 1- 45- he cont le, how	3-103 of the Colo ou are running for I am familiar with 110 of the Colora ributions or make rever, if I do so, I	orado Revised or office. th the provision ado Revised S se expenditure	ons of the Fair Campaign Practices Act as Statutes, and I will not, in my campaign for this es exceeding \$200 in the aggregate during the or file all disclosure reports required under the
DATED this _	da	ay of	, 2025.	WITNESSED by the following registered elector:
(Signature of Cand	didate)			(Signature of Witness)
(Printed Full Name	e of Candi	date)		(Printed Full Name of Witness)
(Email Address)			<u>_</u>	(Residence Address) (County) (City/Town, State, Zip Code)
(Telephone Number	er)			(Telephone Number)

## For Use by the Designated Election Official:

Received on:	, at: Received b	y:				
Received on:(Date)	(Time)	(Name)				
Self-Nomination Form Deemed:						
Sufficient on:	(Date/Time)					
Not Sufficient on:	Candidate Notifie	ed 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 60 <sup>th</sup> day prior to the election, March 7, 2025.].						