

**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); 1-4-912

I, \_\_\_\_\_

(full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD," "Reverend," or "Chief")

who reside at: \_\_\_\_\_

(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 Director for [a **two-year term\***] a \_\_\_\_\_ **four-year term** [for \_\_\_\_\_ **Director District, if applicable**] on the Board of Directors of the \_\_\_\_\_ District at the regular election on May 2, 2023, **and will serve if elected.**

**I affirm that I am an eligible elector** of the \_\_\_\_\_ District and am an eligible elector at the date of signing this Self-Nomination and Acceptance Form (or letter).

**Mark here \_\_\_\_\_ if you are a member of an executive board of a unit owner’s association, as defined in § 38-33.3-103 of the Colorado Revised Statutes, located within the 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 \_\_\_\_\_, 20\_\_\_\_.

**WITNESSED** 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)

**Eligibility Section (not required, but helpful for DEO to expedite)**

I am an eligible elector because I am registered to vote in Colorado and am (mark one):

A resident of the District; or

