SELF-NOMINATION AND ACCEPTANCE

(ame of the candidate as the name will appear on the ball	ot, cannot use titles such as "MD," "Reverend," or "Chief")
who resid	es at: (Residence Street Name and Number)	
	(Residence Street Name and Number)	
	(City or Town, Zip Code)	
	(County, State)	
	(Mailing Address, if different from residence addr	ress)
whose em	nail address is:(Email Address)	
	(Email Address)	
Board of I		on for the office of Director for a two-year term on the LITAN RECREATION DISTRICT at the regular election
	at I am an eligible elector of the Grand La the date of signing this Self-Nomination an	ake Metropolitan Recreation District and am an eligible d Acceptance Form.
	of the Colorado Revised Statutes, located	e board of a unit owner's association, as defined in § 38- I within the boundaries of the district for which you are
110 of the make exp	e Colorado Revised Statutes, and I will not	, in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I wil
110 of the make exp thereafter	e Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggrega	, in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will
110 of the make exp thereafter	e Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggrega file all disclosure reports required under the hisday of, 20	, in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will e Fair Campaign Practices Act.
110 of the make exp thereafter DATED t	e Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggrega file all disclosure reports required under the hisday of, 20	, in my campaign for this office, receive contributions or ite during the election cycle, however, if I do so, I will e Fair Campaign Practices Act. WITNESSED by a Colorado registered voter:
110 of the make exp thereafter DATED t	e Colorado Revised Statutes, and I will not penditures exceeding \$200 in the aggrega file all disclosure reports required under the thisday of, 20	, in my campaign for this office, receive contributions or ite during the election cycle, however, if I do so, I will e Fair Campaign Practices Act. WITNESSED by a Colorado registered voter: (Signature of Witness)
110 of the make exp thereafter DATED to (Signature of (Printed Full	e Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggrega file all disclosure reports required under the hisday of, 20 f Candidate) Name of Candidate)	WITNESSED by a Colorado registered voter: (Signature of Witness) (Printed Full Name of Witness)
110 of the make exp thereafter DATED t (Signature of (Printed Full (Email Addree (Telephone N gibility Sec	e Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggrega file all disclosure reports required under the thisday of, 20 f Candidate) Name of Candidate) ess) Number) ction (not required, but helpful for DEO to e	, in my campaign for this office, receive contributions or the during the election cycle, however, if I do so, I will e Fair Campaign Practices Act. WITNESSED by a Colorado registered voter: (Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Code) (Telephone Number)
110 of the make exp thereafter DATED t (Signature of (Printed Full (Email Addre (Telephone N gibility Sec n an eligible	e Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggrega file all disclosure reports required under the thisday of, 20 f Candidate) Name of Candidate) ess)	, in my campaign for this office, receive contributions on the during the election cycle, however, if I do so, I will e Fair Campaign Practices Act. WITNESSED by a Colorado registered voter: (Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Code) (Telephone Number)
110 of the make exp thereafter DATED t (Signature of (Printed Full (Email Addree (Telephone N gibility Sec n an eligible an an eligible A th	Colorado Revised Statutes, and I will not benditures exceeding \$200 in the aggregating file all disclosure reports required under the hisday of, 20 Candidate) Name of Candidate) ress) Number) retion (not required, but helpful for DEO to exceed a second secon	, in my campaign for this office, receive contributions or ite during the election cycle, however, if I do so, I will e Fair Campaign Practices Act. WITNESSED by a Colorado registered voter: (Signature of Witness) (Printed Full Name of Witness) (Residence Address) (County) (City/Town, State, Zip Code) (Telephone Number)

For Use by the Designated Election Official:

Received on:		, at: Received by:				
	(Date)	(Time)		(Name)		
0 10 1 1						
Self-Nomination Form Deemed:						
Suffic	ent on:	(Date	e/Time)			
Not S	ufficient on:	Cano	didate Notified on:	(Date)		
Recei	ived Amended Form on:		(Date/Time)			
Amen	nded 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 7, 2025.].