SELF-NOMINATION AND ACCEPTANCE

	name of the candidate as the name will appear on the ballo	t, cannot use titles such as "MD," "Reverend," or "Chief")
who resid	des at: (Residence Street Name and Number)	
	(Residence Street Name and Number)	
	(City or Town, Zip Code)	
	(County, State)	
	(Mailing Address, if different from residence addre	ess)
whose e	mail address is:	
	(Email Address)	
Board of		n for the office of Director for a four-year term on the _ITAN RECREATION DISTRICT at the regular election
	that I am an eligible elector of the Grand La It the date of signing this Self-Nomination and	ke Metropolitan Recreation District and am an eligible Acceptance Form.
33.3-103		board of a unit owner's association, as defined in § 38- within the boundaries of the district for which you are
110 of th make ex	ne Colorado Revised Statutes, and I will not,	in my campaign for this office, receive contributions or the during the election cycle, however, if I do so, I will
110 of th make ex thereafte	ne Colorado Revised Statutes, and I will not, spenditures exceeding \$200 in the aggregat	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will
110 of th make ex thereafte DATED	ne Colorado Revised Statutes, and I will not, openditures exceeding \$200 in the aggregate or file all disclosure reports required under the	
110 of th make ex thereafte DATED	thisday of, 20	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will Fair Campaign Practices Act. WITNESSED by a Colorado registered voter:
110 of th make ex thereafte DATED	thisday of, 20	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will Fair Campaign Practices Act. WITNESSED by a Colorado registered voter: (Signature of Witness)
110 of th make ex thereafte DATED (Signature of (Printed Full	ne Colorado Revised Statutes, and I will not, (penditures exceeding \$200 in the aggregate er file all disclosure reports required under the thisday of, 20 of Candidate) III Name of Candidate) ress)	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will Fair Campaign Practices Act. WITNESSED by a Colorado registered voter: (Signature of Witness) (Printed Full Name of Witness)
110 of th make ex thereafte DATED (Signature of (Printed Full (Email Addu (Telephone gibility Se	ne Colorado Revised Statutes, and I will not, (penditures exceeding \$200 in the aggregate er file all disclosure reports required under the thisday of, 20 of Candidate) III Name of Candidate) ress)	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will 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) xpedite)
110 of th make ex thereafte DATED (Signature of (Printed Full (Email Addu (Telephone gibility Se n an eligible	he Colorado Revised Statutes, and I will not, penditures exceeding \$200 in the aggregate and the aggregate thisday of, 20 of Candidate) IN Name of Candidate) ress) Postion (not required, but helpful for DEO to e	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will 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) xpedite)
110 of th make ex thereafte DATED (Signature of (Printed Full (Email Addu (Telephone n an eligible n an eligible	A contract of the District; or	in my campaign for this office, receive contributions or te during the election cycle, however, if I do so, I will 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) xpedite)

For Use by the Designated Election Official:

Received on:		, at: Received by:			
	(Date)	(Time)		(Name)	
Solf Nominati	on Form Doomod:				
Self-Nomination Form Deemed:					
Suffic	ient on:	(Date	e/Time)		
Not S	ufficient on:	Can	didate Notified on:	(Date)	
Recei	ived Amended Form on:		(Date/Time)		
Amen	ded 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.].