

**SELF-NOMINATION AND ACCEPTANCE FOR**  
**DISTRICT**

I, \_\_\_\_\_, who resides at:

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
County

hereby nominate myself and accept such nomination for the office of Director of the \_\_\_\_\_  
\_\_\_\_\_ District for a \_\_\_\_\_ (\_\_\_\_) year term [for Director District \_\_\_\_\_]  
and will serve if elected at the regular election to be conducted on May 4, 2010.

I affirm that I am an eligible elector of the \_\_\_\_\_ District  
at the date of signing this Self-Nomination and Acceptance form.

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as  
required in Section 1-45-110, C.R.S., and I shall not, in my campaign for this office, receive contributions  
or make expenditures exceeding twenty dollars (\$20) in the aggregate, however, if I do so, I shall  
thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this \_\_\_\_\_ day of February, 2010.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
Email Address

WITNESSED by the following registered elector of the District:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
County

Received this \_\_\_\_\_ day of February, 2010.

\_\_\_\_\_  
Designated Election Official