## **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

I.						
(full name of the	candidate as the name will appear	r on the ballot, cannot use	e titles such as "MD," "Reverend," or "Chief")			
who reside at:						
(F	Residence Street Name and Number	er)				
<del>(</del> (	City or Town, Zip Code)		<u></u>			
(	nty of Town, Zip Gode,					
(0	County, State)		<u> </u>			
(1)	Mailing Address, if different from res	sidence address)				
whose email ad	dress is:					
	dress is:(Email Address)					
hereby nomina	te myself and accept su	ı <b>ch nomination</b> fo	r the office of Director for a <b>four</b> -year term			
on the Board of	Directors of the Longs Pe	ak Water District a	t the regular election on May 6, 2025, <b>and</b>			
will serve if ele	cted.					
I affirm that I a	n an eligible elector of the	he	District and am an			
eligible elector a	t the date of signing this	Self-Nomination an	District and am an d Acceptance Form (or letter).			
l am an eli	gible elector because I am <u>regi</u>	stered to vote in Colora	a <u>do</u> and am (mark one):			
	A resident of the Distric	t; or				
The owner (or spouse/civil union partner of owner) of taxable real or personal property si within the boundaries of the District, Spouse's Name, if property is in spouse's name:						
	A person who is obligat District.	A person who is obligated to pay taxes under a contract to purchase taxable property within the District.				
defined in § 38		o Revised Statute	ard of a unit owner's association, as es, located within the boundaries of the			
required in § 1- office, receive	45-110 of the Colorado contributions or make e however, if I do so, I wil	Revised Statutes xpenditures exce	he Fair Campaign Practices Act as , and I will not, in my campaign for this eding \$200 in the aggregate during the disclosure reports required under the			
DATED this	day of, , 2	2025. <b>\</b>	WITNESSED by the following registered elector:			
(Signature of Candida	te)	<del></del>	Signature of Witness)			
(Printed Full Name of	Candidate)	<del></del>	Printed Full Name of Witness)			
(Email Address)		<del></del>	Residence Address) (County) (City/Town, State, Zip Code)			
(Telephone Number)		<del></del>	(Telephone Number)			

For Use by the Designated Election Official:

Received on:	, at:	Received by:			
Received on:(D	ate)	(Time)	(Name)		
Self-Nomination Form Dee	ned:				
Sufficient on:		(Date/Time)			
Not Sufficient on: _		Candidate Notified	on: (Date)		
Received Amende	l Form on:	(	Date/Time)		
Amended Form Su	fficient on:	(I	Date/Time)		
County in which the district <b>County</b> .	court that authorized t	he creation of the speci	al district is located:		
After review, the DEO shall the 67 <sup>th</sup> day prior to the ele	•	the sufficiency or insuff	iciency of the candidate; no later than		
***ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!					
			is <u>not</u> cancelled, the self-nomination an the 60 <sup>th</sup> day prior to the election,		