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)

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 6, 2025, **and will serve if elected.**

I affirm that I am an eligible elector of the South Routt Medical Health Service 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___.

_____

(Signature of Candidate)

_____

(Printed Full Name of Candidate)

_____

(Email Address)

_____

(Telephone Number)

WITNESSED by the following registered elector:

_____

(Signature of Witness)

_____

(Printed Full Name of Witness)

_____

(Residence Address) (County) (City/Town, State, Zip Code)

_____

(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
- ☐ The owner (or spouse/civil union partner of owner) of taxable real or personal property situated within the boundaries of the District, Spouse's Name, if property is in spouse's name; or
- ☐ A person who is obligated to pay taxes under a contract to purchase taxable property within the District.

For Use by the Designated Election Official:

Received on: _____, at:_____ Received by: _____
(Date) (Time) (Name)

Self-Nomination Form Deemed:

Sufficient on: _____ (Date/Time)

Not Sufficient on: _____ Candidate Notified on: _____ (Date)

Received Amended Form on: _____ (Date/Time)

Amended 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 not 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.].