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)

	(full name of the candidate as the name wil		
	reside at:		
WHO	(Residence Street Name and	d Number)	
	(City or Town, Zip Code)		
	(County, State)		
	(Mailing Address, if different	from residence address)	
whos	se email address is:		
		-	ion for the office of Director for a four-
			District at the regula
elect	tion on May 6, 2025, and will s e	erve if elected.	
			anch Metropolitan District and am an eligible
elect	tor at the date of signing this Se	elf-Nomination and	Acceptance Form (or letter).
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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	l 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 <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.].