## **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 candida	ate as the name will	appear on the ballot,	cannot use title	es such as "MD," "Reverend," or "Chief")
who reside at:					
wilo reside at.	(Residence	ce Street Name and	Number)		
	(O') T	7: 0 1)			
	(City or To	own, Zip Code)			
	(County, S	State)			
	(Mailing A	ddress, if different fr	om residence addres	s)	
whose email a	address	ie.			
WIIO3C CITIAII E	addicss	(Email Ad	dress)		
hereby nomi	nate mv	•	•	<b>ation</b> for th	e office of Director for a <b>four</b> -year
					ectors of the Crested Butte Fire
-	,	, , ,	•		
Protection Dis	strict at t	the regular elec	tion on May 6,	2025, <b>and</b>	will serve if elected.
					Protection District and am an eligible nce Form (or letter).
I am an	eligible el	ector because I an	n <u>registered to vote</u>	e in Colorado	and am (mark one):
		A resident of the [	District; or		
					) of taxable real or personal property situated me, if property is in spouse's name:
		A person who is o District.	bligated to pay tax	es under a co	ontract to purchase taxable property within the
defined in § 3 district for w	38-33.3- hich yo	103 of the Col u are running	orado Revised for office.	Statutes,	d of a unit owner's association, as located within the boundaries of the
required in § office, receiv	1- 45-1′ e contri e, howe	10 of the Color butions or ma ver, if I do so,	rado Revised S ke expenditure	Statutes, a es exceedi	Fair Campaign Practices Act as nd I will not, in my campaign for this ing \$200 in the aggregate during the sclosure reports required under the
<b>DATED</b> this _	day	of	, 2025.	WIT	<b>NESSED</b> by the following registered elector:
(Signature of Cand	idate)			(Sign	nature of Witness)
(Printed Full Name	of Candida	ite)		(Prin	ted Full Name of Witness)
(Email Address)				(Res	idence Address) (County) (City/Town, State, Zip Code)
(Telephone Numbe	er)			(Tele	ephone Number)

For Use by the Designated Election Official:

Received on:	, a	ıt:	Received by:					
(	Date)	, at:Received by: (Time)		(Name)				
Self-Nomination Form De	emed:							
Sufficient on:		(Date	e/Time)					
Not Sufficient on:		Cand	didate Notified on:		(Date)			
Received Amend	ed Form on:		(Date	e/Time)				
Amended Form S	ufficient on:		(Date	e/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 and acceptance form must March 7, 2025.1.	State on: t be filed with the S	(Date ecretary of S	) [If the election is tate no later than t	$\frac{1}{1}$ not cancelled, the self-not have the 60th day prior to the 6	omination election,			