**SELF- NOMINATION AND ACCEPTANCE**

C.R.S 1-13.5-303; 32-1-103(4); 1-45-109(1); 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 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:

(enter email)

**hereby nominate myself and accept such nomination** for the office of Director for a **four**-year term on the Board of Directors of the Salida Hospital District at the regular election on May 8, 2018, **and will serve if elected.**

**I affirm that I am an eligible elector** of the Salida Hospital District and am an eligible elector at the date of signing this Self-Nomination and Acceptance Form (or letter).

I am an eligible elector because I am registered to vote in Colorado and am (mark one):

A resident of the District, or area to be included in 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:

A person who is obligated to pay taxes under a contract to purchase taxable property within the District.

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 . **WITNESSED** by the following registered elector:

(Signature of Candidate) (Signature of Witness)

(Printed Full Name of Candidate) **(**Printed Full Name of Witness)

(email address) (Residence address)

(Telephone Number) (City or Town, Zip Code)

**For Use by the Designated Election Official:**

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

Self-Nomination Form Deemed:

Sufficient on: .

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**.

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 9, 2018].

**\*\*\*ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!**