

**SELF-NOMINATION AND ACCEPTANCE
BACA GRANDE WATER AND SANITATION DISTRICT**

I, _____, who reside at:
(full name of candidate as the name will appear on the ballot)

Residence Street Address

City or Town, Zip Code

County

Mailing address, if different

Whose email address is: _____

hereby nominate myself and accept such nomination for the office of Director of the Baca Grande Water and Sanitation District, Saguache County, Colorado, for a three (3) year term on the Board of Directors of the District at the regular election on May 3, 2022 **and will serve if elected.**

I affirm that I am an eligible elector of the Baca Grande Water and Sanitation District and am an eligible elector at the date of signing this Self-Nomination and Acceptance form.

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 owners association (homeowners association), as defined in Section 38-33.3-103, C.R.S., located within the boundaries of the District (or Director District, if applicable) 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 Section 1-45-110, C.R.S., and I will not, in my campaign for this office, receive contributions or make expenditures exceeding two hundred dollars (\$200) in the aggregate, 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: _____(Date/Time)

Not Sufficient on: _____(Date/Time)

Candidate Notified on: _____(Date/Time)

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: Saguache 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. Do not file with the secretary of state if the election is cancelled.