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)

who reside	at:		
Wile recide	(Residence Street Name	and Number)	
	(City or Town, Zip Code)		
	(County, State)		
	(Mailing Address, if different	ent from residence addres	rs)
whose ema	il address is:(Ema		
	(Ema	ail Address)	
hereby nor	ninate myself and ac	cept such nomina	ation for the office of Director for a four-year ter
on the Boar	d of Directors of the	De Beque Fire Pro	tection District at the regular election on May 6,
2025, and v	vill serve if elected.		-
I affirm tha	t I am an eligible ele	ctor of the De Beau	ue Fire Protection District and am an eligible ele
			ptance Form (or letter).
district for	which you are runni	ng for office.	ons of the Fair Campaign Practices Act as
district for I further aff required in office, rece election cy Fair Campa	which you are runni irm that I am familia § 1- 45-110 of the Co ive contributions or	ng for office. r with the provisic olorado Revised S make expenditure so, I will thereafte	ons of the Fair Campaign Practices Act as Statutes, and I will not, in my campaign for th es exceeding \$200 in the aggregate during th or file all disclosure reports required under th
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For Use by the Designated Election Official:

Received on:	_, at: Received by	/:			
Received on:(Date)	(Time)	(Name)			
Self-Nomination Form Deemed:					
Sufficient on:	(Date/Time)				
Not Sufficient on:	Candidate Notifie	ed on:(Date)			
Received Amended Form on:		_(Date/Time)			
Amended Form Sufficient on:		_(Date/Time)			
County in which the district court that auth County .	orized the creation of the spe	ecial district is located:			
After review, the DEO shall provide notifice the 67th day prior to the election.	ation of the sufficiency or ins	ufficiency of the candidate; no later than			
***ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!					
Copy sent to Secretary of State on: and acceptance form must be filed with the March 7, 2025.].					