

SELF- NOMINATION AND ACCEPTANCE

32-1-804.3; 1-4-501; 1-45-109(1); 1-45-110; SOS CPF Rule 8; 1-5-203(3); 1-4-912; C.R.S.

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)

hereby nominate myself and accept such nomination for the office of Director for a **four-year** term on the Board of Directors of the Lookout Mountain Water District at the regular election on **May 4, 2010, and will serve if elected.**

I affirm that I am an eligible elector of the Lookout Mountain Water 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, for not less than 30 days; or
- _____ The owner (or spouse 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.

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 shall not, in my campaign for this office, receive contributions or make expenditures exceeding twenty dollars (\$20) in the aggregate; however, if I do so, I shall 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)

(Telephone Number)

(Residence Street Name and Number)

(City or Town, Zip Code)

(Email Address)

(County)

(Telephone Number)

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)

Please note that starting January 1, 2010, all Campaign Political Finance filings will be handled by the Secretary of State's office rather than the counties.

PROCEDURAL INSTRUCTIONS: This is a sample form only. Review use with your attorney. An eligible elector may submit a letter to the DEO in lieu of this form. The letter must have the same information in it. As most candidates do not know the Fair Campaign Practices Act requirements, it is strongly suggested that the DEO require candidates to use this form. This form must be filed with the Designated Election Official (DEO) of the District not less than 67 days prior to the regular election. While the deadline for filing is 67 days before the election (close of business), the deadline by which any insufficiency must be cured is 3:00 p.m. on the deadline date (1-4-912, CRS). To ensure time to amend the form if it is not sufficient, it is strongly recommended that prospective candidates submit their Self-Nomination form earlier than the deadline. The DEO may offer the candidate some proof of filing the form, perhaps with a photocopy of the submitted form. The DEO must verify the elector's eligibility (1-4-908, 1-1-104(35), CRS). Inactive voter status does not disqualify a candidate (1-2-605(3), CRS). To meet Fair Campaign Practices Act requirements, the DEO must file copies of the Self Nomination forms or a list of the names of all valid candidates with the Secretary of State no later than 60 days before the election (SOS CPF Rule 8). The forms are public records (1-4-504, CRS).

*****Important** As of January 1, 2010, all Campaign Finance Filings will be with the SOS rather than with the counties. Please refer to the Secretary of State's webpage for information on how to file or contact the support team at cpfhelp@sos.state.co.us or 303-894-2200, extension 6383.***