

## SELF- NOMINATION AND ACCEPTANCE

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 Lake City Area Fire Protection District at the regular election on May 6, 2025, **and will serve if elected.**

**I affirm that I am an eligible elector** of the Lake City Area Fire Protection 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, 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 \$200 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 \_\_\_\_\_, 2025.

**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.