



## Mt. Crested Butte Water & Sanitation District

### Self-Nomination and Acceptance - District Board

CRS 1-13.5-303; 1-45-109(1)(a)(II); 1-45-110; SOS CFP Rule 16; 1-4-908(1); 1-4-912

I, \_\_\_\_\_ ,  
(Full name of the candidate as this name will appear on the ballot, cannot use titles such as 'MD', 'Honorable' or 'Chief')

Who resides at: \_\_\_\_\_  
(Physical Residence Street Number and Name)

\_\_\_\_\_  
(City or Town, Zip Code)

\_\_\_\_\_  
(County, State)

\_\_\_\_\_  
(Mailing Address, if different from physical residence address)

Whose email address is: \_\_\_\_\_  
(Email Address)

**Hereby nominate myself and accept such nomination** for the office of Board Director for (a \_\_\_\_ **two-year term\***), (a \_\_\_\_ **four-year term\***) on the Board of Directors of the Mt. Crested Butte Water & Sanitation District at the regular election on May 6, 2025, **and will serve if elected.**

**I affirm that I am eligible elector** of the Mt. Crested Butte Water & Sanitation District and am an eligible elector at the date of signing this Self-Nomination and Acceptance Form.

**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 \_\_\_\_\_, 2025.

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) (County) (City/Town, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Telephone Number)

**Eligibility Section (not required, but helpful for DEO to expedite)**

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

A resident of 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, of property is in spouse's name; or

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

**FOR USE BY THE DESIGNATED ELECTION OFFICIAL:**

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

**Self-Nomination Form Deemed:**

Sufficient on: \_\_\_\_\_ (Date/Time)

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.

After review, the DEO shall provide notification of the sufficiency or insufficiency of the candidate; no later than the 67<sup>th</sup> day prior to the election.

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

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 60<sup>th</sup> day prior to the election, March 7, 2025.].