

SELF-NOMINATION AND ACCEPTANCE FORM

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 **[1] or [3]** year term (*circle either*) on the Board of Directors of the Frisco Sanitation District at the regular election on May 3, 2022, **and affirm I will serve if elected.**

I affirm that I am an eligible elector of the Frisco Sanitation 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; 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 owner's association, as defined in C.R.S. § 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 C.R.S. § 1- 45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200.00 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 _____, 2022.

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 address)

(Date of Birth)

(City or Town, Zip Code)

(County)