## <u>SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION</u> <u>FOR THE IDLEDALE WATER AND SANITATION DISTRICT</u>

| I,, who reside   | at:               |  |   |
|--|-------------------|--|---|
| I,, who reside, who reside   |                   |  |   |
|  |                   |  |   |
| Residence Street Address   |                   |  |   |
| City or Town, Zip Code   |                   |  |   |
| hereby nominate myself and accept such nomination for the office of Director of the Idledale Water and Sanitation District, Jefferson County, Colorado, for a $\Box$ four (4) year term or $\Box$ two (2) year term and will serve if elected at the regular election to be conducted on May 6, 2025.  [Choose One]  I affirm that I am an eligible elector of the Idledale Water and Sanitation District at the date of signing this Self-Nomination and Acceptance form. |                   |  |   |
|  |                   | Mark here if you are a member of an Executive association), as defined in Section 38-33.3-103, C.R.S., loc District, if applicable) for which you are running for office.  | ated within the boundaries of the District (or Director   |
|  |                   | I further affirm that I am familiar with the provisions of the 110, C.R.S., and I will not, in my campaign for this office, two hundred dollars (\$200) in the aggregate during the elect and file all disclosure reports required under the Fair Camp | receive contributions or make expenditures exceeding etion cycle, however, if I do so, I will thereafter register |
| DATED this day of  | 25.               |  |   |
|  |                   |  |   |
| Signature of Candidate   | Printed Full Name |  |   |
| Mailing Address (if different)   | Telephone Number  |  |   |
| City or Town, Zip Code   | Email Address     |  |   |
| WITNESSED by the following registered elector of the S   | tate:             |  |   |
| will registered elector of the s   |                   |  |   |
| Signature of Witness   | Printed Full Name |  |   |
| Residence Street Address   | Telephone Number  |  |   |
| City or Town, Zip Code   | Email Address     |  |   |
| County   |                   |  |   |
| Received thisday of, 2025.   |                   |  |   |
| Designated Election Official   |                   |  |   |

NOTE: This form MUST be returned to the Designated Election Official no later than 5:00 pm on February 28, 2025. Forms after that date and time will NOT be accepted.