

# EAGLE COUNTY HEALTH SERVICE DISTRICT SELF- NOMINATION & ACCEPTANCE FORM

C.R.S 1-13.5-303; 1-45-109(1)(II); 1-45-110; SOS CPF Rule 16; 1-4-908(1); 1-4-912

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)

whose email address is: \_\_\_\_\_

(Email Address)

**hereby nominate myself and accept such nomination** for the office of Director for a **(4) four-year** term on the Board of Directors of the Eagle County Health Service District at the regular election on **May 2, 2023, and will serve if elected.**

**I affirm that I am an eligible elector** of the Eagle County Health Service 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

\_\_\_\_\_ 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; or

\_\_\_\_\_ 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 § 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 \_\_\_\_\_, 20\_\_\_\_.

**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)

**Please return this form to [elections@ecparamedics.com](mailto:elections@ecparamedics.com) no later than 5:00 p.m. on Friday February 24, 2023.**

**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: Eagle 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 4, 2022.].