

**SELF-NOMINATION AND ACCEPTANCE FOR
EAGLE COUNTY HEALTH SERVICE DISTRICT**

I, _____, who reside at:
(full name of candidate)

Residence Street Address

City or Town, Zip Code

County

hereby nominate myself and accept such nomination for the office of Director of the Eagle County Health Service District, Eagle County, Colorado, for a **two (2) year term** and will serve if elected at the regular election to be conducted on May 6, 2014.

I affirm that I am an eligible elector of the Eagle County Health Service District 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 owners association (homeowners association), as defined in Section 38-33.3-103, C.R.S., located within the boundaries of the District (or Director District, if applicable) 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 Section 1-45-110, C.R.S., and I will not, in my campaign for this office, receive contributions or make expenditures exceeding two hundred dollars (\$200) in the aggregate, however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this _____ day of _____, 2014.

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:

Signature of Witness

Printed Full Name

Residence Street Address

Telephone Number

City or Town, Zip Code

Email Address

County

Received this _____ day of _____, 2014.

Designated Election Official