SELF-NOMINATION AND ACCEPTANCE FOR

st. vincent general hospital DISTRICT

I, , who reside at:

(full name of candidate as the name will appear on the ballot)

Residence Street Address

City or Town, Zip Code

County

hereby nominate myself and accept such nomination for the office of Director of the St. Vincent General Hospital District, Lake County, Colorado, for a (choose one)  three (3) year term **or** two (2) year term and will serve if elected at the regular election to be conducted on May 5, 2020.

I affirm that I am an eligible elector of the St. Vincent General Hospital 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 during the election cycle, however, if I do so, I will thereafter register and file all disclosure reports required under the Fair Campaign Practices Act.

DATED this day of , 2020.

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 State**:

Signature of Witness Printed Full Name

Residence Street Address Telephone Number

City or Town, Zip Code Email Address

County

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| --- | --- |
| Received this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020. |  |
|  |  |
|  | Designated Election Official |