FAX STIOT
SELF-NOMINATION AND ACCEPTANCE 1. Charles D. Robnove. MAR 1 20
(full name of the candidate as the name will appear on the ballot) PARTY OF THE PASO COUNTY OF THE PASO COU
(mailing address if different from residence address)
Monument CO 80132 (city or town, zip code)
5/950
(county) nereby nominate myself and accept such nomination for the office of Director for a (4) year term on the
loard of Directors of Menument Santation District at the 2 MAY BOOK
lection and will serve if elected. (date of election)
affirm that I am an eligible elector of Mohument Sond at 164 DISTVICT District and am an eligible elector at the date of signing this Self-Nomination and Acceptance Form.
10 of the Colorado Revised Statutes. 7/5-48/-8574 (phone number of candidate) (printed name of candidate) (glandidate) (date)
formation provided by the witness who is a registered elector: 4 89 Wood was Th. St. (residence street name and number)
(mailing address if different from residence address) (city or town, zip code)
(printed name of witness) (county) 719 4813448 (phone number of witness) (date)
ROCEDURAL INSTRUCTIONS: This form must be filed with the Designated Election Official (DEO) of the intrict not less than 67 days prior to the regular election. To meet Fair Campaign Practices Act requirements, also form must be filed with the county clerk and recorder no less than 55 days prior to the regular election.
eceived at Mount Continue Public Colorado, this 21 of Grand day of Farskusky 20 00 To The Colorado County, C
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