$\frac{\text{SELF-NOMINATION AND ACCEPTANCE FOR MAY 2, 2023 REGULAR}}{\text{ELECTION FOR THE TRINIDAD AMBULANCE DISTRICT}}$

I,, who resid	le at:
I,, who resid, who resid,	
Residence Street Address	
City or Town, Zip Code	
County	
hereby nominate myself and accept such nomination for t Las AnimasCounty, Colorado, for a four (4) year term and conducted on May 2, 2023.	
I affirm that I am an eligible elector of the Trinidad Ambulance District at the date of signing this Self-Nomination and Acceptance form.	
Mark here if you are a member of ar (homeowners association), as defined in Section 38-33.3-(or Director District, if applicable) for which you are runn	103, C.R.S., located within the boundaries of the District
Section 1-45-110, C.R.S., and I will not, in my campaign	ons of the Fair Campaign Practices Act as required in for this office, receive contributions or make expenditures uring the election cycle, however, if I do so, I will thereafter Fair Campaign Practices Act.
DATED this day of	
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	r of the State:
Signature of Witness	Printed Full Name
Residence Street Address	Telephone Number
City or Town, Zip Code	Email Address
County	
Received thisday of, 2023.	
	Designated Election Official