**AFFIDAVIT OF INTENT TO BE A WRITE-IN CANDIDATE**

C.R.S. 1-13.5-305; 1-4-1101; 1-4-1102(2); 1-4-501; 1-45-109(1)(a)(II); 1-45-110; SOS CPF Rule 16

**I**,

(full name of the candidate)

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)

whose telephone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(XXX) XXX - XXXX

**desire the office of** Director for a **four**-year term on the Board of Directors of the Salida Hospital District at the regular election on May 6, 2025, **and am qualified to assume the duties of the office if elected and will serve as Director if elected.**

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, 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)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Residence Address)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(City or Town, Zip Code)

[Continued on next page]

Before me, , a notary/officer duly authorized to administer oaths, in and for said State, personally appeared , whose name is subscribed to the forgoing Affidavit of Intent to Be A Write-In Candidate, and who being first duly sworn, upon oath says, that the foregoing statements are true and he/she acknowledges the execution of said instrument to be of his/her own free act and voluntary deed for the uses and purposes therein set forth.

Subscribed and affirmed to before me this day of , 20 .

STATE OF COLORADO

COUNTY OF

*Seal*

(Notary/Official Signature)

My Commission Expires

(Title)

**Eligibility Section (not required, but helpful for DEO to expedite)**

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.

**For Use by the Designated Election Official:**

Received on: (Date), at: (Time) Received by: (Name)

County in which the district court that authorized the creation of the special district is located: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County**.

Copy sent to Secretary of State on: (Date) [no later than 60 days before election only if election will not be cancelled, March 7, 2025]