

BOARD OF DIRECTOR
OATH OF OFFICE

32-1-901, C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

Jefferson County
COUNTY

North Fork Fire Protection DISTRICT

I, Lisa Benevento, will faithfully support the Constitution of the United States and
of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director
of North Fork Fire Protection District, upon which I am about to enter.
(name of special district)

Lisa J. Benevento
(signature of oath taker)

Subscribed and sworn to before me this 21 day of February, 2018.

By: Jan Slaughter Brees
(Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of
the Court, Chairman of the
Board of Directors, or any other person authorized
to administer oaths)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
COUNTY OF _____) ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(notary commission expiration)

(notary signature)

SEAL

PROCEDURAL INSTRUCTIONS: The oath must be taken within 30 days after the election date or appointment to fill a
vacancy: Oaths taken prior to the election date are invalid. A copy of the executed oath and an individual, schedule, or
blanket surety bond must be filed with the Clerk of the Court, the Clerk and Recorder, every county in which the district
extends and with the Division of Local Government. If this is the oath of an appointed director, inform the Division
which director was replaced.


Notice of Appointment

At a noticed meeting on the date of, January 17, 2018, pursuant to
Section 32-1-905(3), C.R.S.,
the Board of Directors of the North Fork Fire Protection District
appointed the following eligible elector to fill a vacancy on the Board of Directors:

Name: Lisa Benevento

Mailing Address: PO Box 311
Buffalo Creek, CO 80425

This appointment will expire at the next regular election in May of 2018.


Chair's signature

Board

Per C.R.S. § 32-1-905(3) All appointments shall be evidenced by an appropriate entry in the minutes of the meeting, and the board shall cause a notice of appointment to be delivered to the person so appointed. A duplicate of each notice of appointment, together with the mailing address of the person so appointed, shall be forwarded to the division.

Revised 12/16/2011

SELF- NOMINATION AND ACCEPTANCE

32-1-103(4); 32-1-804.3; 1-4-501; 1-45-109(1); 1-45-110; SOS CPF Rule 8.1; 1-5-203(3); 1-4-912; C.R.S.

I, Lisa Benevento
(full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD,"
"Reverend," or "Chief")

who reside at: 18047 Pine St.
(residence street name and number)
Buffalo Creek 80425
(city or town, zip code)
Jefferson County COLORADO
(county), (state)
P.O. Box 311 Buffalo Creek, CO 80425
(mailing address if different from residence address)

hereby nominate myself and accept such nomination for the office of Director for a two-year / a
four-year term [for Director District, if applicable] on the Board of Directors of
the Northfork Fire Protection District, Jefferson County, Colorado, at the regular election to
be conducted on May 20, 2018, and will serve if elected.

I affirm that I am an eligible elector of the Northfork Fire Protection District and am an eligible
elector at the date of signing this Self-Nomination and Acceptance Form (or letter).

I am an eligible elector because I am registered to vote in Colorado and am (mark one):

- ☒ A resident of the District for not less than 30 days; or
☒ The owner (or spouse 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: _____
☐ A person who is obligated to pay taxes under a contract to purchase taxable property
within the District.

Mark here if you are a member of an executive board of a unit owner's association, as defined in
§ 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 § 1-45-
110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or
make expenditures exceeding twenty dollars (\$20) in the aggregate; however, if I do so, I will thereafter file all
disclosure reports required under the Fair Campaign Practices Act.

DATED this 21 day of February, 2018.

Lisa J. Benevento
(Signature of Candidate)

Lisa J. Benevento
(Printed Full Name of Candidate)

303-816-1660
(Telephone Number)

L. Benevento@me.com
(Candidate's email address)

WITNESSED by the following registered elector:

Jon Slaughter Pelegrin
(Signature of Witness)

Jon Slaughter Pelegrin
(Printed Full Name of Witness)

2116 Spring Creek Rd
(Residence Street Name and Number)

Buffalo Creek, CO
(City or Town, Zip Code)

Jefferson
(County)

303-838-1712
(Telephone Number)

For Use by the Designated Election Official:

Received on: FEB. 22, 2018 (Date), at: 9:00 AM (Time) Received by: John Cloutier (Name)

Self-Nomination Form Deemed:

Sufficient on: FEB 22, 2018
Not Sufficient on: _____ Candidate Notified on: _____ (Date)
Received Amended Form on: _____ (Date/Time)
Amended Form Sufficient on: _____ (Date/Time)

Copy sent to Secretary of State* by DEO on: _____ (Date) [Deadline to send to Secretary of State is no later than 60 days before election unless election is cancelled].

PROCEDURAL INSTRUCTIONS: This is a sample form only. Review use with your attorney. An eligible elector may submit a letter to the DEO in lieu of this form. The letter must have the same information in it. As most candidates do not know the Fair Campaign Practices Act requirements, it is strongly suggested that the DEO require candidates to use this form. This form must be filed with the Designated Election Official (DEO) of the District not less than 67 days prior to the regular election. While the deadline for filing is 67 days before the election (close of business), the deadline by which any insufficiency must be cured is 3:00 p.m. on the deadline date (1-4-912, CRS). To ensure time to amend the form if it is not sufficient, it is strongly recommended that prospective candidates submit their Self-Nomination form earlier than the deadline. The DEO may offer the candidate some proof of filing the form, perhaps with a photocopy of the submitted form. The DEO must verify the elector's eligibility (1-4-908, 1-1-104(35), CRS). Inactive voter status does not disqualify a candidate (1-2-605(3), CRS). To meet Fair Campaign Practices Act requirements, the DEO must file a copy of all Self Nomination forms with the Secretary of State no later than 60 days before the election (SOS CPF Rule 8) unless the election is cancelled. The forms are public records (1-4-504, CRS).

*Forms to be sent to:

1700 Broadway, Suite 200
Denver, CO 80290



NORTFOR-14

JMOORS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Insurance Services (COL) 1125 17th Street, Suite 900 Denver, CO 80202		CONTACT NAME: Johna Moors PHONE (A/C, No, Ext): (303) 252-3760 FAX (A/C, No): E-MAIL ADDRESS: johna.moors@hubinternational.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: American Alternative Insurance Corporation	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			VFISTR2059076-10	10/11/2017	10/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			VFISTR2059076-10	10/11/2017	10/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			VFISTR2059076-10	10/11/2017	10/11/2018	Directs(4)/Treas(1) \$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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