

**SELF- NOMINATION AND ACCEPTANCE**

C.R.S 1-13.5-303; 1-45-109(1)(a)(II); 1-45-110; SOS CPF Rule 16; 1-4-908(1)

I, \_\_\_\_\_  
(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: \_\_\_\_\_  
(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)

**hereby nominate myself and accept such nomination** for the office of Director for a  
\_\_\_\_ **two**-year term\* a \_\_\_\_ **four**-year term for \_\_\_\_ on the Board of Directors of the District at the regular  
election on May 6, 2025, **and will serve if elected.**

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

**Mark here \_\_\_\_ if you are a member of an executive board of a unit owner’s association, as defined in § 38-  
33.3-103 of the Colorado Revised Statutes, located within the boundaries of the district 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 \$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)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Residence Address) (County) (City/Town, State, Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Telephone Number)

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

Received at \_\_\_\_\_, Colorado, this \_\_\_\_ day of \_\_\_\_\_, 2025.

By: \_\_\_\_\_ Designated Election Official.

\_\_\_\_\_ Metropolitan District, \_\_\_\_\_ County, Colorado.