## **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,

(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)

**hereby nominate myself and accept such nomination** for the office of Director for a **four**-year term on the Board of Directors of the Crystal Park Metropolitan Board, El Paso County, Colorado, at the regular election to be conducted on May 8, 2018, **and will serve if elected**.

**I affirm that I am an eligible elector** of the Crystal Park Metropolitan 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 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.

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DATED thisday of, 2018.	WITNESSED by the following registered elector:
(Signature of Candidate)	(Signature of Witness)
(Printed Full Name of Candidate)	(Printed Full Name of Witness)
(Telephone Number)	(Residence Street Name and Number)
	(City or Town, Zip Code)
(Candidate's email address)	(County)
	(Telephone Number)

## For Use by the Designated Election Official:

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

Self-Nomination Form Deemed:

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].

\*Forms to be sent to:

1700 Broadway, Suite 200 Denver, CO 80290