SELF- NOMINATION AND ACCEPTANCE FORM FOR DIRECTOR OF THE CRYSTAL PARK METROPOLITAN DISTRICT

C.R.S 1-13.5-303; 1-45-109(1)(II); 1-45-110; SOS CPF Rule 16; 1-4-908(1); 1-4-912

I							
(full name	of the can	didate as the nam	ne will appear on the ballot,	cannot use titles such as "MD," "Reverend," or "Chief")			
who reside	at:						
	(Reside	ence Street Name	e and Number)				
	(City or	r Town, Zip Code)				
	(Count	y, State)					
	(Mailin	g Address, if diffe	rent from residence addres	os)			
whose ema	il addres	ss is:					
Wildes Gilla	iii adai oc	(Em	nail Address)				
hereby nor	minate n	nyself and a	ccept such nomina	ation for the office of Director for a one-year			
term or	three	-year term D	irector on the Board	of Directors of the Crystal Park Metropolitan			
District at th	ne regula	r election on	May 3, 2022, and	will serve if elected.			
				Park Metropolitan District and am an eligible elector ptance Form (or letter).			
I am	an eligible	elector becaus	e I am registered to vote	e in Colorado and am (mark one):			
		A resident of	f the District; or				
	The owner (or spouse/civil union partner of owner) of taxable real or personal property situa within the boundaries of the District, Spouse's Name, if property is in spouse's name:						
		A person wh District.	o is obligated to pay tax	es under a contract to purchase taxable property within the			
defined in district for I further aff	§ 38-33. which y firm that	3-103 of the ou are runn t I am familia	Colorado Revised ing for office. ar with the provision	utive board of a unit owner's association, as Statutes, located within the boundaries of the ons of the Fair Campaign Practices Act as			
office, rece	eive con cle, hov	tributions o vever, if I do	r make expenditur	Statutes, and I will not, in my campaign for this es exceeding \$200 in the aggregate during the er file all disclosure reports required under the			
DATED this	sd	lay of	, 2022	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 Code)			
(Telephone Nun	mber)			(Telephone Number)			

For Use by the Designated Election Official:

Received on:		, at:	Received by:	
	(Date)	(Time)		(Name)
Self-Nomination For	m Deemed:			
Sufficient or	i:	(Dat	e/Time)	
Not Sufficier	nt on:	Can	didate Notified	on: (Date)
Received Ar	mended Form on:		(I	Date/Time)
Amended Fo	orm Sufficient on:		([Date/Time)
·			•	al district is located: El Paso County.
the 67 th day prior to	•	ation of the suff	ficiency or insuff	iciency of the candidate; no later than
***ATTENTION: DO	NOT FILE WITH TH	E SECRETARY	OF STATE IF	YOUR ELECTION IS CANCELLED!
Copy sent to Secreta and acceptance form March 4, 2022.].	ary of State on: n must be filed with th	(Date le Secretary of S	e) [If the election State no later tha	n is <u>not</u> cancelled, the self-nomination an the 60 th day prior to the election,