

**SELF-NOMINATION AND ACCEPTANCE FORM**

(Please print)

Pursuant to §§ 1-13.5-303, 1-4-908, 1-45-110, C.R.S.

I, \_\_\_\_\_,  
(full name of the candidate as the name will appear on the ballot)

who reside at : \_\_\_\_\_  
(residence address, including street number and name)

\_\_\_\_\_  
(city or town, zip code) (county)

\_\_\_\_\_  
(full mailing address, if different from residence address)

\_\_\_\_\_  
(telephone) (e-mail)

hereby nominate myself and accept such nomination for the office of Director for a (check one):  
**term ending 2020** \_\_ or **term ending 2022** \_\_ on the Board of Directors of **Eagle Bend Metropolitan District** 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 District on the date of signing this form. I am an eligible elector because I am registered to vote in the State of Colorado and (mark all that apply):

- \_\_\_\_\_ make my primary dwelling place in the District.
- \_\_\_\_\_ own taxable real or personal property within the boundaries of the District.
- \_\_\_\_\_ is the holder of a leasehold interest in taxable real or personal property within the boundaries of the District.
- \_\_\_\_\_ am the natural person designated by an owner or lessee of taxable real or personal property in the District, which is not a natural person, to vote for such owner or lessee. Such designations must be in writing and filed with the secretary of the District. Only one such person may be designated by an owner or lessee.

I \_\_\_ **am** or \_\_\_ **am not** a member of an executive board of a unit owners' association, as defined in § 38-33.3-103 C.R.S., located within the boundaries of the District for which I am running for office.

I am familiar with the provisions of Article 45, Title 1, C.R.S. (the "Fair Campaign Practices Act"), and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200.00 in the aggregate; however, if I do so, I shall thereafter file all disclosure reports required under said Act.

\_\_\_\_\_  
Printed Name of Candidate Signature of Candidate Date

\*\*\*\*\*  
INFORMATION PROVIDED BY A **WITNESS** WHO IS AN ELIGIBLE ELECTOR OF THE STATE OF COLORADO:

\_\_\_\_\_  
Printed Name of Witness Signature of Witness Date

\_\_\_\_\_  
(Witness address, including street number and name) (Witness county)

\_\_\_\_\_  
(Witness city or town, zip code) (Witness telephone)

For DEO Use Only: Received on: \_\_\_\_\_, at: \_\_\_\_\_. Rec'd by: \_\_\_\_\_. Client: \_\_\_\_\_.  
Deemed Sufficient by DEO on: \_\_\_\_\_. Ack'd: \_\_\_\_\_.  
Statement of Sufficiency delivered to Candidate on: \_\_\_\_\_. Ack'd: \_\_.