## **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)

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(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 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 <u>Sky Dance Metro District No. 2</u> 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.

<b>DATED</b> this day of, 20	<b>WITNESSED</b> 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 By: Designated Election Official. Metropolitan District,	