

SELF- NOMINATION AND ACCEPTANCE

C.R.S 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110; SOS CPF Rule 16; 1-4-908(1), 1-4-912

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:
_____ (enter email)

hereby nominate myself and accept such nomination for the office of Director for a ____ **four-** year term on the Board of Directors of the Eagle Bend Metropolitan District No. 2 at the regular election on May 3, 2016, **and will serve if elected.**

I affirm that I am an eligible elector of the Eagle Bend Metropolitan District No. 2 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, or area to be included in the district; or
- _____ The owner (or spouse/civil union partner 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 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 _____, 2016.

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)

(Telephone Number)

(City or Town, Zip Code)