SELF- NOMINATION AND ACCEPTANCE

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

I hereby nominate myself and accept such nomination for the office of Director to serve a (circle one) two-year / four-year term on the Board of Directors of the <u>Elkhorn Ranch Metropolitan District No. 1</u> County of Elbert (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 District and am an eligible elector at the date of signing this Self-Nomination and Acceptance Form.

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.

required under the Fair Campaign Practices Act.
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 Elkhorn Ranch Metropolitan District No. 1.
Full name of candidate as the name will appear on the ballot:
Residential Address
Street name and number:
City or town, state, zip code:
County:
Email address:
Telephone Number:
Mailing Address (if different from residence address)
Street name and number:
City or town, state, zip code:
Eligibility Section
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.
DATED , 2025.
Signature of Candidate:
Signature of Candidate:
Printed Full Name:
WITNESSED by the following registered elector (must be registered to vote in the State of Colorado):
Signature of Witness:
Printed Full Name:
Residence Street Name and Number:
Residence City/Town and Zip Code: