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, __

(**PRINTED** full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD," "Reverend," or "Chief")

who resides at:

(residence street name and number)

(city/town, zip code)

(county), (state)

(mailing address if different from residence address)

hereby nominate myself and accept such nomination for the following office of Director at the May 6, 2025 regular election for Trailmark Metropolitan District, ("District") and will serve if elected:

A two-year term until the regular district election to be held in May 2027.

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 (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.

if you are a member of an executive board of a unit owner's association, as defined in Mark here § 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. then no disclosure reports are required to be filed unless and until the two hundred dollar (\$200) threshold has been met.

Candidate Signature:	Date:	
Email Address:	Telephone:	

Telephone:

PLEASE HAVE A WITNESS COMPLETE THE CERTIFICATION ON THE BACK

WITNESS CERTIFICATION:

I,		, a registered elector of the State,
(PRINTED full name of witness)		
Who resides at:		
(residence street name and number)	(city/town)	(zip code)
(county)	(state)	
(mailing address if different from resider	nce address)	
sign this Self-Nomination and Acceptance	ce Form as witness to the Candid	ate's signing.
Witness Signature:		Date:
		Telephone:
filed with the Secretary of State no less Official will file the self-nomination for Sue Blair, Designated Election C Community Resource Services of 7995 E. Prentice Avenue, Suite Greenwood Village, CO 80111 303.381.4960 via email: <u>election</u> Office hours: 8am – 5pm Monda	rms with the Secretary of State Official of Colorado 103E <u>ns@crsofcolorado.com</u>	
For Use by the Designated Election Of	ficial or his/her designee:	
Received on:	, at	am/pm
(date)	(time)	
Received by: Self-Nomination Form Deemed:		
Sufficient on:	(date)	
Not Sufficient on:	Candidate Notified on:	(date)
Received Amended Form on:		(date/time)
Amended Form Sufficient on:		(date/time)

Copy sent to Secretary of State on: _____ (Date) [If the election is not cancelled, the self-nomination and acceptance form must be filed with the Secretary of State no later than the 60th day prior to the election, March 7, 2025].