

**SELF- NOMINATION AND ACCEPTANCE
TRAILMARK METROPOLITAN DISTRICT**

Completed form is due to the Designated Election Official by mail to 3855 Lewiston Street, Suite 140, Aurora, CO 80011, fax (303) 381-4961, or email to: sblair@crsofcolorado.com by 5 pm March 2, 2012. If faxed or emailed, please return original form to the address shown above. Any form that is not sufficient may be amended once before 3pm on March 2, 2012. Questions: Call (303) 381-4960.

I, _____
(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 or town, zip code)

(county), (state)

(mailing address if different from residence address)

hereby nominate myself and accept such nomination for the office of Director for a four-year term on the Board of Directors of the TrailMark Metropolitan District, Jefferson County, Colorado, at the regular election to be conducted on May 8, 2012, **and will serve if elected.**

I affirm that I am an eligible elector of the TrailMark Metropolitan 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 for not less than 30 days; or
- _____ The owner (or spouse 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.

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 twenty dollars (\$20) in the aggregate; however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this _____ day of _____, 2012.

WITNESSED by the following registered elector:

(Signature of Candidate)

(Printed Full Name of Candidate)

(Telephone Number)

(Candidate's email address)

(Signature of Witness)

(Printed Full Name of Witness)

(Residence Street Name and Number)

(City or Town, Zip Code)

(County)

(Telephone Number)

For Use by the Designated Election Official:

Received on: _____ (Date), at: _____(Time)

Received by: _____

Self-Nomination Form Deemed:

Sufficient on: _____ .

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 by the Candidate on: _____ (Date)[Deadline to send to Secretary of State is no later than 60 days before election **unless** election is cancelled].

Colorado Secretary of State
Attn: Elections Division
1700 Broadway Suite 200
Denver, CO 80290
Phone: 303-894-2000 ext. 6383
Fax: 303-869-4861
Email: cpfhelp@sos.state.co.us