

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

I, _____, who reside at:
(full name of candidate as the name will appear on the ballot)

Residence Street Address

City or Town, Zip Code

County

hereby nominate myself and accept such nomination for the office of Director of the TrailMark Metropolitan District, Arapahoe County, Colorado, for a three (3) year term and will serve if elected at the regular election to be conducted on May 5, 2020.

I affirm that I am an eligible elector of the TrailMark Metropolitan District at the date of signing this Self-Nomination and Acceptance form.

I am an eligible elector because I am registered to vote in Colorado and am (mark one):

_____ A current resident of the District, or area to be included in the District; or

_____ The owner (or the spouse or the civil union partner of owner) of taxable real or personal property situated within the boundaries of the District. Spouse's or Civil Union Partner Name, if property is in such person's full name: _____

_____ A person who is obligated to pay taxes under a contract to purchase taxable property within the District.

I am _____/ I am not _____ a member of an Executive Board of a unit owners association (homeowners association), as defined in Section 38-33.3-103, C.R.S., located within the boundaries of the District (or Director District, if applicable) 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 Section 1-45-110, C.R.S., and I will not, in my campaign for this office, receive contributions or make expenditures exceeding two hundred dollars (\$200) in the aggregate during the election cycle, however, if I do so, I will thereafter register and file all disclosure reports required under the Fair Campaign Practices Act.

[Sign with Witness on Page Two]

DATED this _____ day of _____, 2020.

Signature of Candidate

Printed Full Name

Mailing Address (if different)

Telephone Number

City or Town, Zip Code

Email Address

WITNESSED by the following registered elector of the State:

Signature of Witness

Printed Full Name

Residence Street Address

Telephone Number

City or Town, Zip Code

Email Address

County

Received this _____ day of _____, 2020.

Designated Election Official