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,	(d. 11), d. 11), d. 11), d. 11), d. 11)		
"Reverend," or "C	ame of the candidate as the name will appear on the ballot, cannot use titles such as "MD," Chief")		
who resides at:			
_	(residence street name and number)		
-	(city/town, zip code)		
_	(county), (state)		
_	(mailing address if different from residence address)		
the Board of Dire	e myself and accept such nomination for the office of Director for a FOUR year term on ctors of the TRAILMARK METROPOLITAN DISTRICT at the regular election to be held and will serve if elected.		
	n an eligible elector of the District and am an eligible elector at the date of signing this and Acceptance Form (or letter).		
I am an eligible e	lector 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 the Colorado Revised Statutes, located within the boundaries of the district for which for office.		
in § 1- 45-110 of contributions or	that I am familiar with the provisions of the Fair Campaign Practices Act as required the Colorado Revised Statutes, and I will not, in my campaign for this office, receive make expenditures exceeding \$200 in the aggregate during the election cycle, however, hereafter file all disclosure reports required under the Fair Campaign Practices Act.		
Candidate Signat	ure: Date:		
Email Address:	Telephone:		

PLEASE HAVE A WITNESS COMPLETE THE CERTIFICATION ON THE BACK

WITNESS CERTIFICATION:		
I,		a registered elector of the District,
(PRINTED full name of witness)		-
Who resides at:		
(residence street name and number)	(city/town)	(zip code)
(county)	(state)	
(mailing address if different from residence a	nddress)	
sign this Self-Nomination and Acceptance Fo	orm as witness to the Candida	te's signing.
Witness Signature:		Date:
	Т	Celephone:
Sue Blair, Designated Election Offic Community Resource Services of Co 7995 E. Prentice Avenue, Suite 103E Greenwood Village, CO 80111 sblair@crsofcolorado.com	ial blorado, LLC E (Promenade Office Park – Ea	
Office hours: 8am – 5pm Monday th For Use by the Designated Election Officia	-	
Received on:	, at	am/pm
(date) Received by: Self-Nomination Form Deemed:		
Sufficient on:(d	andidate Notified on:	(date)
Received Amended Form on:		
Amended Form Sufficient on:		(date/time)
County in which the district court that author County .	ized the creation of the specia	l district is located: Jefferson
Copy sent to Secretary of State on: and acceptance form must be filed with the S March 4, 2016].	(Date) [If the election i	s not cancelled, the self-nomination the 60 th day prior to the election,