

SELF- NOMINATION AND ACCEPTANCE FORM

I,

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

who reside 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 three-year term on the Board of Directors of the Strasburg Metropolitan Parks and Recreation District at the regular election on May 3, 2022, and affirm I will serve if elected.

I affirm that I am an eligible elector of the Strasburg Metropolitan Parks and Recreation 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.

Mark here _____ if you are a member of an executive board of a unit owner's association, as defined in C.R.S. § 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 C.R.S. § 1- 45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200.00 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.

DATED this _____ day of _____, 2022.

WITNESSED by the following registered elector:

_____ (Signature of Candidate)

_____ (Signature of Witness)

_____ (Printed Full Name of Candidate)

_____ (Printed Full Name of Witness)

_____ (Telephone Number)

_____ (Residence address)

_____ (Date of Birth)

_____ (City or Town, Zip Code)

_____ (County)