SELF-NOMINATION AND ACCEPTANCE FORM

BIJOU METROPOLITAN DISTRICT, MORGAN COUNTY

(Please print) Pursuant to §§ 1-13.5-303, 1-4-908, 1-45-110, C.R.S.

I,_____,
(full name of the candidate as the name will appear on the ballot)

who reside at : _____
(residence address, including street number and name)

_____ _____
(city or town, zip code) (county)

_____
(full mailing address, if different from residence address)

_____ _____
(telephone) (e-mail)

hereby nominate myself and accept such nomination for the office of Director for a *(check one):*
term ending May 2025 ___ or **term ending May 2027 ___** on the Board of Directors of the **Bijou Metropolitan District** at the election to be conducted on **May 2, 2023**, and will serve if elected.

I affirm that I am an eligible elector of the District on the date of signing this form. I am an eligible elector because I am registered to vote in the State of Colorado and am *(mark all that apply)*:

_____ a resident of the District.
_____ the owner (or the spouse/civil union partner of the owner) of taxable real or personal property situated within the boundaries of the District.
Name of spouse/civil union partner, if property in his/her 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 owners' association, as defined in § 38-33.3-103 C.R.S., located within the boundaries of the District for which you are running for office.

I am familiar with the provisions of §§ 1-45-101, *et seq*., C.R.S. (the "Fair Campaign Practices Act"), andI will not, in my campaign for this office, receive contributions or make expenditures exceeding $200.00 in the aggregate; however, if I do so, I shall thereafter file all disclosure reports required under said Act.

_____ _____ _____
Printed Name of Candidate Signature of Candidate Date

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INFORMATION PROVIDED BY A **WITNESS** WHO IS AN ELIGIBLE ELECTOR OF THE STATE OF COLORADO:

_____ _____ _____
Printed Name of Witness Signature of Witness Date

_____ _____
(Witness address, including street number and name) (Witness county)

_____ _____
(Witness city or town, zip code) (Witness telephone)

For DEO Use Only: Received on:_____, at:_____. Rec'd by:_____. Client:_____.
Deemed Sufficient by DEO on:_____. Ack'd:_____.
Statement of Sufficiency delivered to Candidate on:_____. Ack'd:_____.