

SELF-NOMINATION AND ACCEPTANCE FORM
CORNERSTONE METROPOLITAN DISTRICT NO. 1, MONTROSE 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 2027 _____ on the Board of Directors of the **Cornerstone Metropolitan District No. 1** 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.

I **am** or **am not** 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 I am running for office.

I am familiar with the provisions of §§ 1-45-101, *et seq.*, C.R.S. (the "Fair Campaign Practices Act"), and I 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
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(Witness address, including street number and name)	(Witness county)
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(Witness city or town, zip code)	(Witness telephone)
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*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: _____.*