

SELF-NOMINATION AND ACCEPTANCE

Sections 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110, C.R.S.; SOS CPF Rule 16; 1-4-908(1), 1-4-912

I, _____

who reside at:

(Residence Street Name and Number)

(City or Town, Zip Code)

(County, State)

(Mailing Address, if different from residence address)

whose email address is: _____

(Email Address)

hereby nominate myself and accept such nomination for the office of Director for a ☐ two-year term **OR** a ☐ four-year term on the Board of Directors of **Palisade Metropolitan District No. 2** in the City and County of Broomfield (the “**District**”) at the regular election on May 6, 2025, and will serve if elected.

I affirm that I am an eligible elector of the District and am an eligible elector 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 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 § 38-33.3-103 of the Colorado Revised Statutes, located within the boundaries of the district for which you are running for office.

As required by Section 1-45-110(1), C.R.S., I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act. I shall 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 shall thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this _____ day of _____, 2025.

WITNESSED by the following registered elector:

(Signature of Candidate)

(Signature of Witness)

(Printed Full name of Candidate)

(Printed Full name of Witness)

(Email Address)

(Residence Address)

(Telephone Number)

(City or Town, Zip Code)

Received at Denver, Colorado, this _____ day of _____, 2025.

By: Lisa Jacoby, Designated Election Official.

Palisade Metropolitan District No. 2, City and County of Broomfield, Colorado.