

**SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION
FOR CORNERSTONE METROPOLITAN DISTRICT NO 2, MONTROSE AND OURAY COUNTIES**

I, _____, who reside at:
(full name of candidate as the name will appear on the ballot)

Residence Street Address

City or Town, Zip Code

County

hereby nominate myself and accept such nomination for the office of Director of Cornerstone Metropolitan District No 2 for a _____ Two (2) year term (ending May 2027) and will serve if elected at the regular election to be conducted on May 6, 2025.

I affirm that I am an eligible elector of the District at the date of signing this Self-Nomination and Acceptance form 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 (homeowners association), as defined in Section 38-33.3-103, C.R.S., located within the boundaries of the District (or Director District, if applicable) 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 Section 1-45-110, C.R.S., and I will not, in my campaign for this office, receive contributions or make expenditures exceeding two hundred dollars (\$200) in the aggregate during the election cycle, however, if I do so, I will thereafter register and file all disclosure reports required under the Fair Campaign Practices Act.

DATED this _____ day of _____, 2025.

Signature of Candidate (must be *handwritten*)

Printed Full Name (must be *handwritten*)

Mailing Address (if different)

Telephone Number

City or Town, Zip Code

Email Address

WITNESSED by the following **registered elector of the State**:

Signature of Witness (must be *handwritten*)

Printed Full Name (must be *handwritten*)

Residence Street Address

Telephone Number

City or Town, Zip Code

Email Address

County

FOR USE BY DESIGNATED ELECTION OFFICIAL

Received this _____ day of _____, 2025.

Deemed Sufficient on:

Deemed Not Sufficient, Candidate Notified on:

Amended Form Deemed Sufficient on:

Designated Election Official