

SELF-NOMINATION AND ACCEPTANCE FORM FOR MAY 2, 2023 REGULAR ELECTION FOR THE COLORADO INTERNATIONAL CENTER METROPOLITAN DISTRICT NO. 9

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 four-year term on the Board of Directors of Colorado International Center Metropolitan District No. 9 in Adams County (the “**District**”) at the regular election on May 2, 2023, 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 _____, 2023.

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 _____, Colorado, this ____ day of _____, 2023.

By: Ann Finn Designated Election Official.

Colorado International Center Metropolitan District No. 9, Adams County, Colorado.