

**SELF-NOMINATION AND ACCEPTANCE FOR
MOUNTAIN VISTA METROPOLITAN DISTRICT**

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

I, _____, who reside at:
(full name of candidate as the name will appear on the ballot, cannot use titles such as "MD")

Residence Street Address

Mailing Address

City or Town

County

State, Zip Code

Email Address

hereby nominate myself and accept such nomination for the office of Director of the Mountain Vista Metropolitan District, Eagle County, Colorado, for a ____ four (4) year term and will serve if elected at the regular election to be conducted on May 2, 2023.

I affirm that I am an eligible elector of the Mountain Vista Metropolitan District 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 an 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; or ____ 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 § 38-33.3-103, C.R.S., located within the boundaries of the District 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 § 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 file all disclosure reports required under the Fair Campaign Practices Act.

DATED this ____ day of _____, 2023.

Signature of Candidate

Printed Full Name

Telephone Number

Residence Street Address

WITNESSED by the following registered elector.

Signature of Witness

Printed Full Name

Residence Address

Return completed form to: Mountain Vista Metropolitan District, Attn: Kathy Lewensten, DEO, 28 Second St. Suite 213, Edwards, CO 81632; telephone (970) 926-6060, Ext 3, fax: (970) 926-6040, email: Kathy@mwcpaa.com

Received this ____ day of _____ 2023 by _____ D. E.O.