

**SELF-NOMINATION AND ACCEPTANCE FORM**  
**ORCHARD PARK PLACE SOUTH METROPOLITAN DISTRICT, ADAMS COUNTY**  
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 2025** \_\_\_ or **term ending May 2027** \_\_\_ on the Board of Directors of the **Orchard Park Place South Metropolitan District** at the election to be conducted on **November 7, 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.

Mark here \_\_\_\_\_ if you are 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 you are 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.

\_\_\_\_\_  
Name of Candidate (must be *handwritten*) Signature of Candidate (must be *handwritten*) Date

\*\*\*\*\*  
INFORMATION PROVIDED BY A **WITNESS** WHO IS AN ELIGIBLE ELECTOR OF THE STATE OF COLORADO:

\_\_\_\_\_  
Name of Witness (must be *handwritten*) Signature of Witness (must be *handwritten*) Date

\_\_\_\_\_  
(Witness residence address, including street number and name) (Witness county)

\_\_\_\_\_  
(Witness city or town, zip code) (Witness telephone)

*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: \_\_\_\_\_.*