## SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION FOR THE E-86 METROPOLITAN DISTRICT

| I, , who resid                                                                                                                                               | e at:                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| I,, who resid, who resid,                                                                                                                                    |                                                                 |
|                                                                                                                                                              |                                                                 |
| Residence Street Address                                                                                                                                     |                                                                 |
| City or Town, Zip Code                                                                                                                                       |                                                                 |
|                                                                                                                                                              |                                                                 |
| County                                                                                                                                                       | of the of Director of the E. O. Matronalitan District           |
| hereby nominate myself and accept such nomination for the Town of Elizabeth, County of Elbert, Colorado, for a four election to be conducted on May 6, 2025. | <u>*</u>                                                        |
| I affirm that I am an eligible elector of the E-86 Nomination and Acceptance form.                                                                           | Metropolitan District at the date of signing this Self-         |
| Mark here if you are a member of an (homeowners association), as defined in Section 38-33.3-1 (or Director District, if applicable) for which you are runn   |                                                                 |
| Section 1-45-110, C.R.S., and I will not, in my campaign                                                                                                     | ring the election cycle, however, if I do so, I will thereafter |
| DATED this day of                                                                                                                                            | , 2025.                                                         |
| Signature of Candidate                                                                                                                                       | Printed Full Name                                               |
| 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                                                                                                                                         | Printed Full Name                                               |
| Residence Street Address                                                                                                                                     | Telephone Number                                                |
| City or Town, Zip Code                                                                                                                                       | Email Address                                                   |
| County                                                                                                                                                       |                                                                 |
| Received thisday of, 2025.                                                                                                                                   |                                                                 |
|                                                                                                                                                              | Designated Election Official                                    |