## **SELF-NOMINATION AND ACCEPTANCE**

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

I,					
(full name of th	e candidate as the name will appear on	n the ballot, cannot use titles such as "MD," "Reverend," or "Chief")			
who reside at:					
(	Residence Street Name and Number)				
7	City or Town, Zip Code)				
(1	City of Town, Zip Code)				
(	County, State)				
(	Mailing Address, if different from reside	ence address)			
whose email ad	dress is:				
WIIOSE EIIIAII AU	(Email Address)				
hereby nomina		n nomination for the office of Director for a four (4)			
_		the Board of Directors of the Buffalo Mountain Metropolitan			
-		23, and will serve if elected.			
	,				
		Buffalo Mountain Metropolitan District and am an eligible nation and Acceptance Form (or letter).			
l am an el	igible elector because I am register	red to vote in Colorado and am (mark one):			
	A resident of the District, o	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:				
Γ	A person who is obligated District.	to pay taxes under a contract to purchase taxable property within the			
defined in § 38		an executive board of a unit owner's association, as Revised Statutes, located within the boundaries of the ice.			
required in § 1 office, receive election cycle,	<ul> <li>45-110 of the Colorado Recontributions or make exp</li> </ul>	provisions of the Fair Campaign Practices Act as evised Statutes, and I will not, in my campaign for this penditures exceeding \$200 in the aggregate during the hereafter file all disclosure reports required under the			
<b>DATED</b> this	day of, 20_	<b>WITNESSED</b> by the following registered elector:			
(Signature of Candida	ate)	(Signature of Witness)			
(Printed Full Name of	Candidate)	(Printed Full Name of Witness)			
(Email Address)		(Residence Address) (County) (City/Town, State, Zip Code)			
(Telephone Number)		(Telephone Number)			

## For Use by the Designated Election Official:

Received or	n:	, at: Re	eceived by:	
	(Date)	(Time)	,	(Name)
Self-Nomina	ition Form Deemed:			
Suff	icient on:	(Date/Ti	me)	
Not	Sufficient on:	Candida	ate Notified on:	(Date)
Red	eived Amended Form on:		(Date/Time)	
Ame	ended Form Sufficient on:		(Date/Time)	
County in w	hich the district court that aut	horized the creation	of the special district is loca	ted: _Summit
	o Secretary of State on: ince form must be filed with the , 2023.].			

\*\*\*ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!