

SELF- NOMINATION AND ACCEPTANCE

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

I hereby nominate myself and accept such nomination for the office of Director to serve a (circle one) two-year / four-year term on the Board of Directors of the Altamira Metropolitan District No. 5 County of Weld (the "District") at the regular election on May 6, 2025, 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 further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in § 1-45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$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.

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 Altamira Metropolitan District No. 5.

Full name of candidate as the name will appear on the ballot: _____
(cannot use titles such as "MD," "Reverend," or "Chief")

Residential Address

Street name and number: _____

City or town, state, zip code: _____

County: _____

Email address: _____

Telephone Number: _____

Mailing Address

(if different from residence address)

Street name and number: _____

City or town, state, zip code: _____

Eligibility Section

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.

DATED _____, 2025.

Signature of Candidate: _____

Printed Full Name: _____

WITNESSED by the following registered elector (must be registered to vote in the State of Colorado):

Signature of Witness: _____

Printed Full Name: _____

Residence Street Name and Number: _____

Residence City/Town and Zip Code: _____