

**SELF- NOMINATION AND ACCEPTANCE
AIRPORT COMMERCE CENTER METROPOLITAN DISTRICT
MAY 6, 2025 REGULAR ELECTION**

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

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

who reside at: _____
(Residence Street Name and Number)

(City or Town, Zip Code)

(County, State)

(Mailing Address, if different from residence address)

whose email address is: _____
(Email Address)

hereby nominate myself and accept such nomination for the office of Director for a ____ **four**-year term (ending May 2029) on the Board of Directors of the Airport Commerce Center Metropolitan District at the regular election on May 6, 2025, and will serve if elected.

I affirm that I am an eligible elector of the Airport Commerce Center 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
- 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 owner's association, as defined in § 38-33.3-103 of the Colorado Revised Statutes, 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 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.

DATED this ____ day of _____, 2025.

WITNESSED by the following registered elector:

(Signature of Candidate)

(Signature of Witness)

(Printed Full Name of Candidate)

(Printed Full Name of Witness)

(Email Address of Candidate)

(Full Residence Address, including County of Witness)

(Telephone Number of Candidate)

(Telephone Number of Witness)

For Use by the Designated Election Official:

Received on: _____, at: _____ Received by: _____
(Date) (Time) (Name)

Self-Nomination Form Deemed:

Sufficient on: _____ (Date/Time)

Not Sufficient on: _____ Candidate Notified on: _____ (Date)

Received Amended Form on: _____ (Date/Time)

Amended Form Sufficient on: _____ (Date/Time)

County in which the district court authorized the creation of the special district is located: _____ **County.**

After review, the DEO shall provide notification of the sufficiency or insufficiency of the candidate; no later than the 67th day prior to the election.

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

Copy sent to Secretary of State on: _____ (Date)