SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION FOR THE WEST JEFFERSON COUNTY METROPOLITAN DISTRICT

| I, $\underline{\hspace{1cm}}$, who reside $\underline{\hspace{1cm}}$ (full name of candidate as the name will appear on the ballot) | at: |
|--|--|
| (full name of candidate as the name will appear on the ballot) | |
| | |
| Residence Street Address | |
| | |
| City or Town, Zip Code | |
| County | |
| hereby nominate myself and accept such nomination for the Metropolitan District, Jefferson County, Colorado, for a elected at the regular election to be conducted on May $6, \overline{20}$ | () [four or two-year term] and will serve if |
| I affirm that I am an eligible elector of the West Jeft this Self-Nomination and Acceptance form. | ferson County Metropolitan District at the date of signing |
| Mark here if you are a member of an E (homeowners association), as defined in Section 38-33.3-10 (or Director District, if applicable) for which you are running | 3, C.R.S., located within the boundaries of the District |
| I further affirm that I am familiar with the provision Section 1-45-110, C.R.S., and I will not, in my campaign for exceeding two hundred dollars (\$200) in the aggregate during register and file all disclosure reports required under the Fair | or this office, receive contributions or make expenditures ng the election cycle, however, if I do so, I will thereafter |
| DATED this day of | |
| | |
| 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 | 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 |