SELF-NOMINATION AND ACCEPTANCE

Sections 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110, C.R.S.; SOS CPF Rule 16; 1-4-908(1), 1-4-912

I,			
who reside at:			
	(Residence Street Name and Numb	ber)	-
	(City or Town, Zip Code)		-
	(County, State)		-
	(Mailing Address, if different from	n residence address)	-
whose email address	(Email Address)		
	yself and accept such nomination		
-	·	ard of Directors of Castleview Metropol n on May 6, 2025, and will serve if electe	
I affirm that I am an and Acceptance form	· ·	d am an eligible elector at the date of sign	ing this Self-Nomination
I am an elig	ible elector because I am registere	ed to vote in Colorado and am (mark one)	:
	A resident of the District, or area t	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.		
		ard of a unit owner's association, as define es of the district for which you are running	
Practices Act. I shall	not, in my campaign for this office election cycle, however, if I do so, I	Firm that I am familiar with the provisions e, receive contributions or make expenditu I shall thereafter file all disclosure reports	res exceeding \$200.00 in the
DATED this	day of, 2	WITNESSED by the follow	ving registered elector:
(Signature of Candidat	e)	(Signature of Witness)	
(Printed Full name of C	Candidate)	(Printed Full name of Witness)	
(Email Address)		(Residence Address)	
(Telephone Number)		(City or Town, Zip Code)	
Received at Denver, C	colorado, this day of	, 2025.	
By: Lisa Jacoby Desig	nated Election Official.		
Castleview Metropolit	an District No. 2, Douglas County, C	Colorado.	