

**SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR  
COPPER MOUNTAIN CONSOLIDATED METROPOLITAN DISTRICT**

I, \_\_\_\_\_, who reside at:  
(full name of candidate as the name will appear on the ballot, cannot use titles such as "MD," "Reverend," or "Chief")

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
County, State

\_\_\_\_\_  
Mailing Address, if different from residence address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

hereby nominate myself and accept such nomination for the office of Director of the Copper Mountain Consolidated Metropolitan District, Summit County, Colorado, for a (check one)  four (4) year term or  two (2) year term and will serve if elected at the regular election to be conducted on May 6, 2025.

I affirm that I am an eligible elector of the Copper Mountain Consolidated 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 (check 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 owners association (homeowners association), as defined in Section 38-33.3-103, C.R.S., 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 Section 1-45-110, C.R.S., and I will not, in my campaign for this office, receive contributions or make expenditures exceeding two hundred dollars (\$200) in the aggregate during the election cycle, however, if I do so, I will thereafter register and 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

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number