

**SELF-NOMINATION AND ACCEPTANCE FORM**  
**MORGAN COUNTY PARK AND RECREATION DISTRICT**

I, \_\_\_\_\_, who reside 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 office of Director of the proposed Morgan County Park and Recreation District (the "District"), Morgan County, Colorado, for the following director district and term.

- |                          |                     |                            |
|--------------------------|---------------------|----------------------------|
| <input type="checkbox"/> | Director District 1 | Term to expire in May 2022 |
| <input type="checkbox"/> | Director District 2 | Term to expire in May 2020 |
| <input type="checkbox"/> | Director District 3 | Term to expire in May 2022 |
| <input type="checkbox"/> | Director District 4 | Term to expire in May 2022 |
| <input type="checkbox"/> | Director District 5 | Term to expire in May 2020 |

I affirm that I am an eligible elector of the proposed District at the date of signing this Self-Nomination and Acceptance Form.

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 (or Director District, if applicable) 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, however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
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:

\_\_\_\_\_  
Signature of Witness

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

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

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

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

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

\_\_\_\_\_  
County

Received this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Designated Election Official