

**SELF-NOMINATION AND ACCEPTANCE FOR  
RED SKY RANCH METROPOLITAN DISTRICT**

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

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

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

\_\_\_\_\_  
Mailing Address

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

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

**hereby nominate myself and accept such nomination** for the office of Director of the Red Sky Ranch Metropolitan District, Eagle County, Colorado, for (mark one) a \_\_\_\_ four (4) year term or a \_\_\_\_ two (2) year term and will serve if elected at the regular election to be conducted on May 2, 2023.

I affirm that I am an eligible elector of the Red Sky Ranch 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 an area 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; 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 § 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 § 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 file all disclosure reports required under the Fair Campaign Practices Act.

DATED this \_\_\_\_ day of \_\_\_\_\_, 2023.

**WITNESSED** by the following registered elector.

\_\_\_\_\_  
Signature of Candidate

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

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

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

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

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

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

**Return completed form to:** Red Sky Ranch Metropolitan District, Attn: Kathy Lewensten, DEO, 28 Second St. Suite 213, Edwards, CO 81632; telephone (970) 926-6060, Ext 3, fax: (970) 926-6040, email: Kathy@mwcpaa.com

Received this \_\_\_\_ day of \_\_\_\_\_ 2023 by \_\_\_\_\_ D. E.O.