SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION FOR THE BENNETT NORTH METROPOLITAN DISTRICT NO. 2

,, 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 Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett, County of A serve if elected at the regular election to be conducted on Metropolitan District No. 2, Town of Bennett No. 2,	dams, Colorado, for a four (4) year term and will
I affirm that I am an eligible elector of the Bennett signing this Self-Nomination and Acceptance form.	North Metropolitan District No. 2 at the date of
Mark here if you are a member of an I (homeowners association), as defined in Section 38-33.3-10 (or Director District, if applicable) for which you are running	Executive Board of a unit owners association 03, C.R.S., located within the boundaries of the District ng for office.
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 Fa	ng the election cycle, however, if I do so, I will thereafter ir Campaign Practices Act.
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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 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