

**SELF- NOMINATION AND ACCEPTANCE FORM FOR THE  
MAY 6, 2025 REGULAR ELECTION FOR  
THE GUNNISON COUNTY METROPOLITAN RECREATION DISTRICT**

**THIS FORM IS DUE TO THE DESIGNATED ELECTION OFFICIAL  
BY 4:00 P.M. ON FEBRUARY 28, 2025**

C.R.S 1-13.5-303; 1-45-109(1)(a)(II); 1-45-110; SOS CPF Rule 16; 1-4-908(1)

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

who reside at: \_\_\_\_\_  
(Residence Street Name and Number, City or Town, State, Zip Code)

\_\_\_\_\_  
(County)

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

\_\_\_\_\_  
(Email Address)

I hereby nominate myself and accept such nomination for the office of Director of the Gunnison County Metropolitan Recreation District, Gunnison and Saguache Counties, Colorado, for a four-year (4) 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 Gunnison County Metropolitan Recreation 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 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.

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

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

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

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

WITNESSED by the following registered elector of the State:

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

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

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

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

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

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

Received this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Sue Wallace - Designated Election Official