

**SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION**  
**FOR THE ALPINE METROPOLITAN DISTRICT, SUMMIT COUNTY**

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 Alpine Metropolitan District, Town of Breckenridge, Summit County, Colorado, for a (choose only one)  
\_\_\_\_\_ Four (4) year term (ending May 2029) OR \_\_\_\_\_ Two (2) year term (ending May 2027)  
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 Alpine Metropolitan District at the date of signing this Self-Nomination and Acceptance form because I am registered to vote in the State of Colorado and am (*mark all that apply*):

- \_\_\_\_\_ a resident of the District.
- \_\_\_\_\_ the owner (or the spouse/civil union partner of the owner) of taxable real or personal property situated within the boundaries of the District.  
Name of spouse/civil union partner if property in his/her name: \_\_\_\_\_
- \_\_\_\_\_ 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 (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 (must be *handwritten*)

\_\_\_\_\_  
Printed Full Name (must be *handwritten*)

\_\_\_\_\_  
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 (must be *handwritten*)

\_\_\_\_\_  
Printed Full Name (must be *handwritten*)

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

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

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

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

\_\_\_\_\_  
County

**FOR USE BY DESIGNATED ELECTION OFFICIAL**

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

Deemed Sufficient on:

Deemed Not Sufficient, Candidate Notified on:

Amended Form Deemed Sufficient on:

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Designated Election Official