

SELF-NOMINATION AND ACCEPTANCE
for regular election to be held on May 6, 2008

§32-1-804.3; 1-45-110, C.R.S.

TO THE DESIGNATED ELECTION OFFICIAL OF THE FOREST LAKES METROPOLITAN DISTRICT ("District"), EL PASO COUNTY, COLORADO

I, **WILLIAM D. SCHUCK**, desire the office of Director of the above-named District for a **four (4) year term** and to the best of my knowledge and belief, will be fully qualified to assume the duties of the office if elected; that I am an eligible elector of the District, i.e., I am registered to vote pursuant to the Uniform Election Code of 1992, as amended, and (check at least one appropriate box)

<input type="checkbox"/>	I have been a resident of the district for not less than thirty (30) days, <u>or</u>
<input type="checkbox"/>	I (or my spouse) own taxable real or personal property within the District, <u>or</u>
<input checked="" type="checkbox"/>	I am obligated to pay taxes under a contract to purchase taxable property within the District.

My residence address (the address at which I am registered to vote) is:

11 PINE ROAD
COLORADO SPRINGS, CO 80906
I reside in EL PASO County, Colorado.

My mailing address is (if different from residence address):

2 North Cascade Avenue, Suite 1280
Colorado Springs, Colorado 80903

My daytime telephone number is: 719-633-4500 and my e-mail address is: wds@theschuckcorporation.com (optional)

Name as it is to appear on the ballot: William D. Schuck (No titles are permitted ie Dr., Chief, Reverend)

If elected, I will serve as a Director of the District.

I FURTHER AFFIRM THAT I AM FAMILIAR WITH THE PROVISIONS OF THE COLORADO FAIR CAMPAIGN PRACTICES ACT (FCPA) AS REQUIRED IN SECTION 1-45-110, C.R.S., AND THAT I SHALL NOT, IN MY CAMPAIGN FOR THIS OFFICE, RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES EXCEEDING TWENTY DOLLARS (\$20) IN THE AGGREGATE, HOWEVER, IF I DO SO, I SHALL THEREAFTER FILE ALL DISCLOSURE REPORTS REQUIRED UNDER THE FAIR CAMPAIGN PRACTICES ACT.

Signature of candidate: William D. Schuck

Date of signing: 2/19/08

The signature of the candidate must be witnessed by a registered elector of the District.

Signature of witness: Steven L. Everson

Print name of witness: STEVEN L. EVERSON

Residence address of witness:
1690 COLGATE DRIVE
COLORADO SPRINGS, CO 80915

The witness resides in EL PASO County, Colorado.

Daytime telephone number of witness: 719-633-4500

Date of signing: 2/19/08

For a regular election, forms must be filed with the Designated Election Official (c/o District, 1700 Lincoln Street, Suite 3800, Denver, Colorado 80203-4538, telephone 303-839-3912) not later than the close of business on **February 29, 2008**.

Received on February 23 2008, at _____ (time) by the Designated Election Official for the District.

Status of Self-Nomination Form Deemed: Sufficient on 2-22-08 initials WS
Not Sufficient & Candidate Notified on _____ Amended on _____