SELF-NOMINATION AND ACCEPTANCE FOR LAKE CREEK METROPOLITAN DISTRICT

| name of candidate as the name | (in appear on the cance) | |
|-------------------------------|--------------------------|--|
| | | |
| Residence Street Address | | |
| City or Town, Zip Code | | |
| | | |
| County | | |

hereby nominate myself and accept such nomination for the office of Director of the Lake Creek Metropolitan District, Eagle County, Colorado, for a three (3) year term and will serve if elected at the regular election to be conducted on May 5, 2020.

I affirm that I am an eligible elector of the Lake Creek Metropolitan 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 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, 202 | 20. |
|--|------------------------------|
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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 full series are started also to a | - f 4h - St-to- |
| 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 |
| City of Town, Zip Code | Email Address |
| County | |
| Received this day of, 2020. | |
| | |
| | Designated Election Official |