

CANDIDATE AFFIDAVIT	
Office Sought: <input type="checkbox"/> Mayor <b>OR</b> <input type="checkbox"/> Councilmember in District _____ Election: November _____	
Candidate Information	
Full Legal Name	
Name exactly as it should appear on the City's web site	
Residential Address (including city/state/zip)	Mailing Address (if different)
Telephone Number (primary)	E-mail Address
Campaign Web Site	
Certification	
Pursuant to Section 7-133 of the Fort Collins City Code, I certify that I am familiar with the provisions of Article V of Chapter 7 of the City Code.	
Signature of Candidate	Date of Signing

STATE OF COLORADO    )  
   ) ss.  
 COUNTY OF LARIMER    )

Before me, \_\_\_\_\_, a notary/officer duly authorized to administer oaths, in and for said State, personally appeared \_\_\_\_\_, whose name is subscribed to the foregoing Candidate Affidavit, and who affirms that said statements are true and that he/she acknowledges the execution of said instrument to be of his or her own free act and voluntary deed for the uses and purposes therein set forth.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public