


CANDIDATE AFFIDAVIT

Office Sought: Mayor OR Councilmember in District _____ Election: April 2019

Candidate Information

Full Legal Name	
Michael Charles Pruznick	
Name exactly as it should appear on the City's web site	
Michael Charles Pruznick	
Residential Address (including city/state/zip)	Mailing Address (if different)
636 Castle Ridge Ct Fort Collins, CO 80525	
Telephone Number (primary)	E-mail Address
970-673-7840	votemike@pruz.org
Campaign Web Site	
http://vote.pruz.org https://www.facebook.com/mikepruz/	
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
	2019-01-04

STATE OF COLORADO)
) ss.
COUNTY OF LARIMER)

Before me, Mary Kathryn House, a notary/officer duly authorized to administer oaths, in and for said State, personally appeared Michael Charles Pruznick, 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 4th day of January, 2019.

Mary Kathryn House
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174006347
MY COMMISSION EXPIRES 02/09/21



 Notary Public