



COMMITTEE REGISTRATION/TERMINATION FORM			
Date of Election	<input checked="" type="checkbox"/> April <u>2019</u>	<input type="checkbox"/> November _____	<input type="checkbox"/> Other _____
Type of Committee (check only one)			
<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Issue Committee <input type="checkbox"/> Political Committee		<input type="checkbox"/> Small Scale Issue Committee <small>(Note: if you have not received contributions or made expenditures in an aggregate amount exceeding \$200, no registration is required at this time.)</small>	
Is this an amendment to, or termination of, a previous registration?			
<input checked="" type="checkbox"/> No. This is a new registration. <input type="checkbox"/> Yes. Reason for amendment: _____ <input type="checkbox"/> Yes. I wish to terminate the Committee and hereby state that the Committee has received no contributions and made no expenditures since the original registration of the Committee. <small>(Note: if the Committee received contributions or made expenditures, you must file a final Campaign Finance Report showing a zero balance and mark the form as a termination report.)</small>			
Full Name of Committee (spell out acronyms)			Phone No.
Michael Pruznick for Mayor 2019			970-673-7840
Street Address (including city/state/zip)		Mailing Address (if different)	
636 Castle Ridge Ct Fort Collins, CO 80525		SAME	
Email Address		Web Site Address	
votemike@pruz.org		http://vote.pruz.org https://www.facebook.com/mikepruz/	
Purpose or Nature of Interest of the Committee			
Elect Michael Pruznick for Fort Collins Mayor 2019			
Name and Address of Financial Institution in which contributions are deposited (in a separate account bearing the name of the Committee). Must provide written documentation of such account.			
None, not accepting monetary contributions nor making expenditures.			
Name of Registered Agent for Committee		Registered Agent's Phone No.	
Michael Pruznick		970-673-7840	
Registered Agent's Mailing Address		Registered Agent's Email Address	
636 Castle Ridge Ct Fort Collins, CO 80525		votemike@pruz.org	
Acknowledgement and Certification of Candidate and Registered Agent			
I hereby acknowledge the foregoing information and certify and attest that all information above is true and complete to the best of my knowledge, after reasonably diligent inquiry. I understand that any intentional misrepresentation of facts may result in denial of a registration and that falsification of statements on and with this attestation may be punishable by law.			
Signature of Candidate		Signature of Registered Agent	
Date		Date	
 2019-01-04		 2019-01-04	

Must be filed with City Clerk before accepting or making any contributions. (City Code §7-134)

ALL FIELDS ARE REQUIRED