



**CANDIDATE  
COMMITTEE STATEMENT OF ORGANIZATION**  
[L.M.C. 2.04.203 and L.M.C. 2.04.207B]

FULL NAME OF COMMITTEE: Polly Christensen for Council

ACRONYMS OR OTHER IDENTIFYING FACTORS:

Christensen for Council  
Polly for Council

ADDRESS OF COMMITTEE'S PRINCIPAL PLACE OF OPERATIONS: (include number and street name, city, state and zip code. When a committee does not have a primary geographical location from which it operates, the street address listed shall be the street address of the registered agent)

~~42~~ Polly Christensen for Council  
421 JUDSON ST.  
Longmont, CO 80501-4800

MAILING ADDRESS OF COMMITTEE (if different from above):

SAME AS ABOVE

PHONE NUMBER FOR COMMITTEE:

972-816-7680

FAX NUMBER (if applicable): N/A

THE PURPOSE OR NATURE OF INTEREST OF THIS CANDIDATE COMMITTEE IS:

TO ELECT POLLY CHRISTENSEN TO LONGMONT CO  
CITY COUNCIL MEMBER-AT-LARGE

REGISTERED AGENT: (PRINT Name, Address and contact information including phone and e-mail address)

ELLEN BURNES  
421 JUDSON ST.  
LONGMONT, CO 80501  
972-816-7680 / ellen.burnes@gmail.com

**Additional Agents of the Candidate (if applicable)**

**Print** the Name, Address, and contact information including phone and e-mail address of each additional agent below:

Agent:

Agent:

Agent:

Agent:

**We, the undersigned, candidate and registered agent, do affirm and acknowledge the responsibilities and obligations as set forth by the Longmont Fair Campaign Practices Act, Chapter 2.04.201 through 2.04.214 of the Longmont Municipal Code.**

(Candidate's Signature) \_\_\_\_\_ DATE: *April 21, 2017*

Signature of Registered Agent: \_\_\_\_\_ DATE: *April 21, 2017*