Colorado Secretary of State		
Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290 Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861 www.sos.state.co.us		Space Below For Office Use Only
	CANDIDATE AFFIDAVIT	
	[Art. XXVIII, Sec. 2(2) & 1-45-110(1), C.R.S.]	
 State, County, School District, Municipal Candidates file with 	, and Special District Candidates file with the Se h the Municipal Clerk	cretary of State
This affidavit shall certify that I	JOHN BRIAN STOCKMAR	a manhan a Cala
This alloavit shall certify that I,	(Name*)	, a member of the
	1 2	(if applicable), am a candidate
(Political Party*)		
(Year*)	tion, [Art. XXVIII, Sec. 2(2)] for the office of	(Office*)
District #	(if applicable), CountyEAGLE	(if applicable).
(District*)		(County*)
	activities in Colorado are governed by Article >	
	the Colorado Revised Statutes (C.R.S.) (also kno	
Practices Act (FCPA)), and the Sec	cretary of State's Rules Concerning Campaign ar	d Political Finance.
I further certify that I am familiar y	vith the provisions of the Colorado Fair Campaig	m Practices Act (ECDA) as
required in §1-45-110 of the Colora		si l'hactices Act (l'CLA) as
		1
Signature of Candidate*	Ro Alexto	Date*: (11 22, 20)
	4096 A COLUMBINE DRIVE, VAIL, CO 81657	
	(Street/City/St/Zin*)	
Mailing address:	4096 A COLUMBINE DRIVE, VAIL, CO 81657	
		660 9502
Business Phone:	Residence Phone*:303-	009-0393
Fax:	Web Address:	
	o not apply to the race for which you are submitting this affidavit. T	The notary section below must be completed in
Fields marked with * are required unless they do	o not apply to the race for which you are submitting this affidavit. I	The notary section below must be completed in
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