Image# 201904179146420140

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Burnes, Ellen, , Dr,

(b) Address (number and street) ☐ Check if address changed
1715 Hover St
B-4 #3

2. Candidate's FEC Identification Number
S0CO00526

(c) City, State, and ZIP Code
Longmont CO 80501

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	Senate	CO 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Burnes for Colorado, Inc

(b) Address (number and street)
1751 Hover St
B-4 #3

(c) City, State, and ZIP Code
Longmont CO 80501

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	**Date**
Burnes, Ellen, , Dr, ***[Electronically Filed]***	04/17/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.