

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

| This report is a(n) (check one):                        |                  | New registration    | New registration Amendment to registration |                |
|---|------------------|---------------------|--|----------------|
| The organization is for a (check one): _                |                  | Candidate Committee | Political Committee                        | Political Fund |
| Committee Name  |                  |                     |  |                |
| Candidate Name  | (first and last) |                     |  |                |
| Mailing Address (include city, state                    |                  |                     |  |                |
| Email   |                  | Pł                  | none                                       |                |
| Purpose or Office                                       | sought           |                     |  |                |
| Geographic Area   |                  |                     |  |                |
| Officers of the Committee                               |                  |                     |  |                |
|   | Name             | Address             | Pho<br>I                                   | ne             |
| Chair<br>(required)                                     |                  |                     |  |                |
| Treasurer/<br>Secretary<br>(required)                   |                  |                     |  |                |
| Other Principal<br>Officers<br>(if any)                 |                  |                     |  |                |
| Other Principal<br>Officers<br>(if any)                 |                  |                     |  |                |
| Depository(ies)/<br>Bank Location of<br>Committee Funds | Nove             | Addison             | nk.  | one            |
|   | Name             | Address             | PHO  | JIIC .         |

## THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

| Candidate Name or Party Name        |  |
|-------------------------------------|--|
| Address                             |  |
| Office sought by candidate          |  |
| Party Affiliation (if any)          |  |
| ( 2)                                |  |
|                                     |  |
| THIS SECTION TO BE COMPLETED BY ALL | COMMITTEES   |
| Liquid assets on hand as of (date)  | are \$   |
| I,COMPLETE, TRUE, AND CORRECT.      | CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS |
| Signature:                          | Date:  |
|                                     |  |

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.