

## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one):       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 of Committee  
(include city, state, and zipcode) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Purpose or Office sought \_\_\_\_\_

Geographic Area \_\_\_\_\_

### Officers of the Committee

	Name	Address	Phone
Chair (required)			
Treasurer/ Secretary (required)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/  
Bank Location of  
Committee Funds \_\_\_\_\_

	Name	Address	Phone
	_____	_____	_____

**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) \_\_\_\_\_

---

**THIS SECTION TO BE COMPLETED BY ALL COMMITTEES**

Liquid assets on hand as of (date) \_\_\_\_\_ are \$ \_\_\_\_\_.

I, \_\_\_\_\_ CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 9-12-17

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