

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) 0 are \$ 0.

I, Lindsay Ferris Martin CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: Lindsay Ferris Martin Date: 08-23-19

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.