

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

