

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

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**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: \_\_\_\_\_

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.