

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: _____

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.