

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n) (check one):		New registration	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 (include city, state				
Email		Pł	none	
Purpose or Office	sought			
Geographic Area				
Officers of the Committee				
	Name	Address	Pho I	ne
Chair (required)				
Treasurer/ Secretary (required)				
Other Principal Officers (if any)				
Other Principal Officers (if any)				
Depository(ies)/ Bank Location of Committee Funds	Nove	Addison	nk.	one
	Name	Address	PHO	JIIC .

## 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)	
( 6)	
THIS SECTION TO BE COMPLETED BY ALL CO	OMMITTEES
Liquid assets on hand as of (date)	are \$
I,	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.	
Signature: Alst	Date:

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