



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): _____ New Registration _____ Amendment

The organization is for a (check one): _____ Candidate _____ Political Committee _____ Office Holder

(Please Print or Type)

Name of Committee:	
Mailing Address of Committee (include city state & zip code)	Phone Number:
Purpose or Office	
Geographic Area	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:			
Co-Chair (If any)			
Treasurer			
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)

Is the committee a continuing one? (Check appropriate response) _____ Yes _____ No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) _____ are \$ _____.

I, _____, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: _____
Treasurer, Candidate or Office Holder

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.