

COMMONWEALTH OF PENNSYLVANIA
POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF COMMITTEE CONTRIBUTING LOBBYIST DATE _____

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| NAME OF COMMITTEE OR LOBBYIST | CHECK BELOW: <input type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> AMENDED REGISTRATION IF THIS IS AN AMENDMENT FILER ID NUMBER _____ CHECK ALL THAT APPLY: <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY) |
| ADDRESS | |
| CITY STATE ZIP-PLUS FOUR | |
| COUNTY | |
| HOME PHONE NUMBER: AREA _____ NUMBER _____ | |
| CELL PHONE NUMBER: AREA _____ NUMBER _____ | |
| E-MAIL ADDRESS: _____ | |
| IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

SUPPORTED CANDIDATES

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the *offices* of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

| Name of Candidate(s) | Address | Office Sought | Political Party/Body |
|----------------------|---------|---------------|----------------------|
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IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:

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HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR _____ ONLY INDEFINITELY

| | |
|--|------------------------|
| | OFFICE USE ONLY PLEASE |
|--|------------------------|

AFFILIATED AND CONNECTED ORGANIZATIONS

Affiliated means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

Connected means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

| | |
|--|------------------------|
| | OFFICE USE ONLY PLEASE |
|--|------------------------|

| NAME OF AFFILIATED/CONNECTED ORGANIZATIONS | MAILING ADDRESS AND ZIP CODE | RELATIONSHIP TO REGISTRANT |
|--|------------------------------|----------------------------|
| | | |
| | | |
| | | |

APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON

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|--------------------------|------------------------------|
| FULL NAME OF CHAIRPERSON | MAILING ADDRESS AND ZIP CODE |
| HOME PHONE NUMBER | |
| AREA _____ NUMBER _____ | |
| CELL PHONE NUMBER | E-MAIL ADDRESS |
| AREA _____ NUMBER _____ | |

I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

SIGNATURE OF CHAIRPERSON

DATE

APPOINTMENT AND ACCEPTANCE OF TREASURER

| | |
|-------------------------|------------------------------|
| FULL NAME OF TREASURER | MAILING ADDRESS AND ZIP CODE |
| HOME PHONE NUMBER | |
| AREA _____ NUMBER _____ | |
| CELL PHONE NUMBER | E-MAIL ADDRESS |
| AREA _____ NUMBER _____ | |

I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

SIGNATURE OF TREASURER

DATE

| | | |
|---|---|------|
| LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES | | |
| <u>NAME OF BANKS, REPOSITORIES, ETC.</u> | <u>MAILING ADDRESS</u> | |
| | | |
| PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT | SIGNATURE OF PERSON SUBMITTING THIS STATEMENT | DATE |
| | | |