

COMMONWEALTH OF PENNSYLVANIA
POLITICAL COMMITTEE REGISTRATION STATEMENT

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

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	
DAYTIME TELEPHONE NUMBER: AREA _____ / _____ 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

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

FOR OFFICE USE ONLY

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.

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

APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON

FULL NAME OF CHAIRPERSON	MAILING ADDRESS AND ZIP CODE
DAYTIME TELEPHONE NUMBER	
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
DAYTIME TELEPHONE NUMBER	
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		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT	DATE