

SAMPLE

COMMONWEALTH OF PENNSYLVANIA
POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF COMMITTEE CONTRIBUTING LOBBYIST DATE 3/3/20

NAME OF COMMITTEE OR LOBBYIST <u>Committee Name Here</u>			CHECK BELOW: <input checked="" 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 <u>123 Any Street</u>			
CITY <u>Harrisburg</u>	STATE <u>PA</u>	ZIP-PLUS FOUR <u>17120</u>	
COUNTY <u>Dauphin</u>			
DAYTIME TELEPHONE NUMBER: AREA <u>717</u> / <u>787-5280</u>			
E-MAIL ADDRESS: <u>RA-StCampaignFinance@pa.gov</u>			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input checked="" 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
<u>My Candidate</u>	<u>789 Candidate Dr., Hbg PA 17111</u>	<u>State Rep.</u>	<u>Any</u>

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:

FOR OFFICE USE ONLY

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

ELECTION YEAR _____ ONLY INDEFINITELY

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
* See above definitions. Only complete if applicable. *		

APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON

FULL NAME OF CHAIRPERSON	MAILING ADDRESS AND ZIP CODE
Mister Chairperson	123 Chairman Street
DAYTIME TELEPHONE NUMBER	Harrisburg, PA 17111
AREA <u>717</u> NUMBER <u>787-5280</u>	

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.

Mister Chairperson
SIGNATURE OF CHAIRPERSON

3/3/20
DATE

APPOINTMENT AND ACCEPTANCE OF TREASURER

FULL NAME OF TREASURER	MAILING ADDRESS AND ZIP CODE
Miss Treasurer	456 Treasurer Way
DAYTIME TELEPHONE NUMBER	Harrisburg, PA 17111
AREA <u>717</u> NUMBER <u>787-5280</u>	

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.

Miss Treasurer
SIGNATURE OF TREASURER

3/3/20
DATE

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
Required Bank	Any Street Any City, PA	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT	DATE
Mister Chairperson	Mister Chairperson	3/3/20

COMMONWEALTH OF PENNSYLVANIA
**AUTHORIZATION FOR A POLITICAL COMMITTEE
 TO RECEIVE FUNDS ON BEHALF OF A CANDIDATE**

The Pennsylvania Election Code provides that no treasurer of a political committee shall receive any money on behalf of a candidate until such political committee has been authorized in writing by the candidate on a form designed by the Secretary of the Commonwealth. The written authorization shall be filed with the appropriate supervisor prior to receiving funds on behalf of the candidate.

NAME OF POLITICAL COMMITTEE <i>Committee Name Here</i>		DAYTIME TELEPHONE NUMBER AREA/NUMBER <i>(717) 787-5280</i>
ADDRESS OF COMMITTEE <i>123 Any Street</i>		
CITY <i>Harrisburg</i>	STATE <i>PA</i>	ZIP PLUS FOUR <i>17120</i>

NAME OF CANDIDATE AUTHORIZING POLITICAL COMMITTEE <i>My Candidate</i>		
OFFICE SOUGHT BY CANDIDATE <i>Representative in General Assembly (State Rep)</i>	DISTRICT NUMBER <i>101</i>	NAME OF POLITICAL PARTY/BODY <i>Any</i>
ADDRESS OF CANDIDATE <i>789 Candidate Drive</i>		
CITY <i>Harrisburg</i>	STATE <i>PA</i>	ZIP PLUS FOUR <i>17111</i>

I hereby authorize the political committee named above to receive contributions on behalf of my candidacy.

Signature of Candidate <i>My Candidate</i>	Date of Authorization <i>3/3/20</i>
<p>Any state, county, city, borough, township, ward or other regularly constituted party committee of any political party or political body is hereby authorized to receive money on behalf of the candidates of such political party or political body in a general, municipal or special election without special written authorization from such candidate. However, authorization <i>is required</i> for such committees to receive funds on behalf of a candidate in a primary election.</p>	<p>FOR OFFICE USE ONLY</p>

**Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280**