COMMONWEALTH OF PENNSYLVANIA POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF 🗌 COMMITTEE 🗆 CONTRIBUTING LOBBYIST DATE ____

NAME OF COMMITTEE OR LOBBY	'IST		CHECK B	ELOW:
ADDRESS				INITIAL REGISTRATION AMENDED REGISTRATION
CITY	STATE	ZIP-PLUS FOUR	IF THIS IS	AN AMENDMENT:
			FILER ID	NUMBER
COUNTY			CHECK A	LL THAT APPLY:
DAYTIME TELEPHONE NUMBER:	AREA			NEW COMMITTEE ADDRESS
E-MAIL ADDRESS:				NEW CHAIRPERSON
E-MAIL ADDRESS.				NEW TREASURER
IS THIS A CANDIDATE'S AUTHOR	IZED POLITICAL COMMITTEE?	YES NO		OTHER (SPECIFY)

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 FOI	LOWING BALLOT QUESTION:
					FOR OFFICE USE ONLY
_		OBBYIST) INTEND TO OPE			
	ON YEAR	ONLY LINDEF	INITELY		

AFFILIATED AND CONNECTED ORGANIZATIONS

<u>Affiliated</u> 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.

<u>Connected</u> 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	
AREANUMBER	

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

APPOINTMENT AND ACCEPTANCE OF TREASURER

FULL NAME OF TREASURER	MAILING ADDRESS AND ZIP CODE
DAYTIME TELEPHONE NUMBER	
AREANUMBER	

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

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		