

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:

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.

\_\_\_\_\_ DATE

SIGNATURE OF CHAIRPERSON

**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.

\_\_\_\_\_ DATE

SIGNATURE OF TREASURER

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

## 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		DAYTIME TELEPHONE NUMBER AREA/NUMBER
ADDRESS OF COMMITTEE		
CITY	STATE	ZIP PLUS FOUR

NAME OF CANDIDATE AUTHORIZING POLITICAL COMMITTEE		
OFFICE SOUGHT BY CANDIDATE	DISTRICT NUMBER	NAME OF POLITICAL PARTY/BODY
ADDRESS OF CANDIDATE		
CITY	STATE	ZIP PLUS FOUR

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

Signature of Candidate	Date of Authorization
<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>	FOR OFFICE USE ONLY