## COMMONWEALTH OF PENNSYLVANIA

## POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEI	NG FILED ON BEHALF OF	☐ COMMITTEE ☐ CONTRIBUTIN	NG LOBBY	IST DATE		
NAME OF COMMITTEE OR LOBBYIST	СН	CHECK BELOW:				
ADDRESS				☐ INITIAL REGIS☐ AMENDED RE		
CITY	STATE	ZIP-PLUS FOUR		IF THIS IS AN AMENDMENT:		
COUNTY				FILER ID NUMBER CHECK ALL THAT APPLY:		
DAYTIME TELEPHONE NUMBER: AREA E-MAIL ADDRESS:		NEW COMMITTEE ADDRESS  NEW CHAIRPERSON				
IS THIS A CANDIDATE'S AUTHORIZED POLI		NEW TREASURER OTHER(SPECIFY)				
	SUP	PPORTED CANDIDATES				
List below the names of candidat receive funds on their behalf. A intends to support (e.g., Statewid	committee that is not a	candidate's authorized politica	ıl commi	ittee may list the a	offices of candidates in	
Name of Candidate(s)		Address	0	ffice Sought	Political Party/Body	
IF THE COMMITTEE INTENDS TO SUPPO	RT OR OPPOSE A BALLOT Q	UESTION, PLEASE COMPLETE THIS SE	ECTION.			
THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:						
				FOR OFFICE USE C	ONLY	
HOW LONG DOES THE COMMITTEE	(OR LOBBYIST) INTEND	O TO OPERATE:				
ELECTION YEAR	ONLY					

COUNTY OF BUTLER, 124 W DIAMOND ST., LEVEL LL, PO BOX 1208, BUTLER, PA 16003 724-284-5308

## 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.

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 ADDRE	SS AND ZIP CODE	RELATIONSHIP TO F	RELATIONSHIP TO REGISTRANT			
APP	OINTMENT AND ACCE	PTANCE OF CHAIRPER	SON				
THE NAME OF STATE OF							
FULL NAME OF CHAIRPERSON	MAILING ADDRESS AND ZIP CODE						
DAYTIME TELEPHONE NUMBER							
ADEA NUMBER							
AREANUMBER							
		1					
I accept the appointment of chairperson of this co							
appropriate supervisor is notified. I understand the	e campaign finance repor	rting law requirements. I	also understand that if I wish	to resign, I must do			
so in writing to the committee.							
SIGNATURE OF CHAIRP	ERSON	<del></del>	DATE				
AP	POINTMENT AND ACC	EPTANCE OF TREASUR	<u>ER</u>				
FULL NAME OF TREASURER	MAILING ADDRESS AND ZIP CODE						
FULL NAME OF TREASURER		IV.	IAILING ADDRESS AND ZIP CODE				
DAYTIME TELEPHONE NUMBER							
AREANUMBER							
AREA NONIDER							
I accept the appointment of treasurer of this comm							
appropriate supervisor is notified. I understand the	e campaign finance repor	rting law requirements. I	also understand that if I wish	to resign, I must do			
so in writing to the committee.							
SIGNATURE OF TREASU	<del></del>	DATE	<del></del>				
LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES							
NAME OF BANKS, REPOSITORIES, ETC.	MAI	LING ADDRESS					
PRINTED NAME OF PERSON SUBMITTING THIS STATEM	MENT SIGNAT	TURE OF PERSON SUBMITTI	NG THIS STATEMENT	DATE			
			1				