

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 <u>CANDIDATE'S</u> 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

PLEASE COMPLETE REVERSE SIDE

FOR OFFICE USE ONLY

