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: ☐ INITIAL REGISTRATION ☐ AMENDED REGISTRATION
ADDRESS	
CITY STATE ZIP-PLUS FOUR	IF THIS IS AN AMENDMENT: FILER ID NUMBER _____
COUNTY	CHECK ALL THAT APPLY: ☐ NEW COMMITTEE ADDRESS ☐ NEW CHAIRPERSON ☐ NEW TREASURER ☐ OTHER _____ (SPECIFY)
DAYTIME TELEPHONE NUMBER: AREA_____ E-MAIL ADDRESS: _____ IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? ☐ YES ☐ 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

DSEB-500 (01-22)

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.

_____ _____

SIGNATURE OF CHAIRPERSON DATE

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.

_____ _____

SIGNATURE OF TREASURER 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