



State of Rhode Island

Board of Elections

Campaign Finance Unit
2000 Plainfield Pike, Cranston, RI 02921
Tel. (401) 222-2345
www.elections.ri.gov

Time Stamp
(For Office Use Only)

NOTICE OF ORGANIZATION (CF-1)

Notice of Organization for:

- Candidate or Officeholder
- Political Party Committee
- Political Action Committee (PAC) (*Complete Back of Form*)

Purpose:

- Initial Notice of Organization
- Amendment to Notice of Organization
- Change of Treasurer or Deputy Treasurer
- Annual Political Party Treasurer's Filing

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)

Key #

Street Address

City/Town, State and Zip Code

Mailing Address (if different)

City/Town, State and Zip Code

Telephone Number

Daytime Telephone Number

Fax Number

E-mail Address

Candidate Office (Required):

Party Affiliation, if any: Democratic Republican Other _____

APPOINTMENT/DESIGNATION OF TREASURER

As a Candidate, Officeholder or Chairperson of a Political Party or PAC named herein, I hereby:

- Designate as Treasurer Remove as Treasurer Designate as Deputy Treasurer Remove as Deputy Treasurer

the person named below, as required by law:

Name of Treasurer/Deputy Treasurer

Telephone Number

Daytime Telephone Number

Fax Number

Street Address

City/Town, State and Zip Code

E-mail Address

Mailing Address (if different)

City/Town, State and Zip Code

x _____
Signature of Appointee Date

Subscribed and sworn before me this ____ day of _____ 20__.
x _____
Notary Public

APPOINTMENT/DESIGNATION OF TREASURER (If adding or removing more than one individual)

As a Candidate, Officeholder, or Chairperson of a Political Party or PAC named herein, I hereby:

- Designate as Treasurer Remove as Treasurer Designate as Deputy Treasurer Remove as Deputy Treasurer

the person named below, as required by law:

Name of Treasurer/Deputy Treasurer

Telephone Number

Daytime Telephone Number

Fax Number

Street Address

City/Town, State and Zip Code

E-mail Address

Mailing Address (if different)

City/Town, State and Zip Code

x _____
Signature of Appointee Date

Subscribed and sworn before me this ____ day of _____ 20__.
x _____
Notary Public

Campaign Account Depositories:

Name(s) of Institution(s)

Number of Accounts (Example: One, Two)

Type of Account (Example: Checking, Savings)

Please attached additional sheets, if necessary

AFFIDAVIT

I, _____, agree to abide by the
(Candidate, Officeholder, or Chairperson of Political Party Committee or PAC)
campaign finance laws of the State of Rhode Island and the rules and regulations ("rules") established by the Board of Elections ("Board") including, but not limited to, the prescribed manner and format for the reporting of all contributions and expenditures.

I hereby authorize the Treasurer/Deputy Treasurer appointed herein to act on my behalf and to perform all acts necessary to comply with the campaign finance laws of this state and the rules established by the Board and that the appointee's original signature indicates my specific authorization to act on my behalf.

I understand that I, and the Treasurer/Deputy Treasurer appointed herein, when issued a Personal Identification Number ("PIN") by the Board for the purpose of electronically filing reports and/or communications, that use of said PIN shall constitute my specific authorization to act on my behalf.

I understand that all communications by the Board to either myself or the Treasurer/Deputy Treasurer shall be directed to the mailing address(es) provided herein and that I am responsible for the receipt of all correspondence mailed to said address(es). Moreover, I understand that I am responsible for notifying the Board of any changes of address and that the failure to inform the Board of said change(s) shall not absolve me of my responsibilities under the law or rules of the Board.

I understand that I will be deemed to be the Treasurer if an amended "Notice of Organization" designating a new Treasurer is not received by the Board within ten (10) days of the death, resignation or removal of the Treasurer.

Notwithstanding the above, I acknowledge that I am ultimately solely and fully responsible for the activities of my campaign and/or committee including all reporting requirements and the payment of any and all fines assessed.

<p>x _____ Signature of Candidate, Officeholder or Chairperson of Political Party or Political Action Committee (PAC)</p>	<p>_____ Date</p>	<p>Subscribed and sworn before me this ____ day of _____ 20__.</p> <p>X _____ X _____ Notary Public Signature Notary Public (Print Name)</p>
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ADDITIONAL INFORMATION REQUIRED FROM POLITICAL ACTION COMMITTEE (PAC)

Name of Political Action Committee (PAC) Supporting or Opposing a Candidate (name as indicated on front of this form)

Name(s) and Address(es) of Officer(s) of Political Action Committee (PAC): (Attach additional list if necessary)

Name(s)	Title of Officer	Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name(s) of any Candidate(s) whose election or defeat the Committee intends to advocate:

Election Defeat _____
Name(s) of Candidate(s)

The membership and/or contributor base of the Political Action Committee is derived from the employees of one corporation or business entity or from one business or professional group or association or labor union. Yes No

If yes, identify the employer group, association or union: _____

Any report not completed properly will be returned and deemed not filed.
Only original signatures of candidates, treasurers and deputy treasurers need to be notarized.
If you have any questions on how to complete this form, please contact the Board of Elections.

PENALTIES: Any person violating the provisions of the Rhode Island Campaign Contributions and Expenditures Reporting Act (Chapter 25 of Title 17 of the Rhode Island General Laws) shall be subject to civil and/or criminal penalties.