



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
WASHINGTON, D.C. 20003

PUBLIC FINANCING STATEMENT OF ORGANIZATION

Check One: ☐ ORIGINAL ☐ AMENDMENT

<b>1. Election Cycle:</b> Choose what is applicable Regular includes Primary and General		
Election Year:	Type of Election: <input type="checkbox"/> Regular <input type="checkbox"/> Special	
<b>2. Candidate Name and Address:</b> Enter candidate Name, address, telephone Number and email address		
First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip:
Telephone No.:		
E-Mail Address:		
<b>3. Office Sought:</b> Enter the office sought and party affiliation		
Office:		
Party Affiliation:		
<b>4. Designation of Committee:</b> Enter the committee name, address, date of registration and other information for the principal committee. You are not permitted to use P.O. Box for your committee address. Candidates must authorize and use only one political committee to make expenditures, raise contributions, and receive public matching funds for the election covered by this registration		
Committee Name:		
Street Address:		
City:	State:	Zip Code:
Telephone No.:		
E-Mail Address:		
Date of Organization/Change of Information:		

<b>5. Employer of Treasurer:</b>				
Name	Mailing Address	Telephone	Occupation	Email
<b>6. Treasurer Information:</b> Enter the treasurer's name, address, telephone numbers, and email address.				
First Name:	Middle Name:	Last Name:		
Street Address:				
City:	State:	Zip:		
Telephone No.:				
E-Mail Address:				
<b>7. Chairperson Information:</b> Enter the chairperson's name, address, telephone numbers, and email address.				
First Name:	Middle Name:	Last Name:		
Street Address:				
City:	State:	Zip:		
Telephone No.:				
E-Mail Address:				
<b>8. Primary Bank Account:</b> List the bank account details and purpose of account				
Name of Bank or Depository:				
City:	State:	Zip Code:		
Account Name:		Account No.:		
Type of Account:		Purpose of Account:		
Date Opened:				
<b>9. In the Event of Dissolution, What Disposition will be made of Residual Funds?</b>				
<input type="checkbox"/> Return Funds to Fair Election Fund <input type="checkbox"/> Retire Debts <input type="checkbox"/> Return Equipment				
<b>10. Contact Order:</b>				
Select the order in which you would like the OCF to contact your campaign representatives. Please choose only one representative per selection. We will try to contact representatives in the order selected. However, if we are unable to reach the individual, we will call or email the candidate and treasurer directly.				
<b>Candidate:</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	
<b>Treasurer: :</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	
<b>Chairperson: :</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	

I, \_\_\_\_\_, certify that the information in this Statement of Organization is complete, true and correct.

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20

\_\_\_\_\_  
NOTARY PUBLIC

Signature of Treasurer \_\_\_\_\_

Date \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20

\_\_\_\_\_  
NOTARY PUBLIC

Submission of false, erroneous, or incomplete information may subject the signer to penalties under D.C. Official Code § 1-1161.01.

For Further Information, contact the Office of Campaign Finance, 1015 Half Street SE, Suite 775, Washington, DC 20003, (202) 671-0547