



State of Rhode Island and Providence Plantations

Board of Elections
Campaign Finance Unit
50 Branch Avenue, Providence, Rhode Island 02904
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

If a Candidate, office being sought:

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

Signature of Appointee
Date

Subscribed and sworn before me this \_\_\_ day of \_\_\_ 20\_\_
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

Signature of Appointee
Date

Subscribed and sworn before me this \_\_\_ day of \_\_\_ 20\_\_
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.

x _____ Signature of Candidate, Officeholder or Chairperson of Political Party or Political Action Committee (PAC)	_____ Date	Subscribed and sworn before me this ____ day of _____ 20__ .  X _____ X _____ Notary Public Signature Notary Public (Print Name)
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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.