

FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Party Affiliation and Office Sought are optional for Exploratory Committees.)

NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DP")			
PARTY AFFILIATION		OFFICE SOUGHT	COUNTY OF RESIDENCE
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS		CITY	STATE ZIP

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S STATEMENT: I authorize the above-named political committee as my political committee to receive Contributions and make expenditures on my behalf.

Date: _____ Candidate's or Designating Individual's signature: _____

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this exemption statement and certify that It is true and complete.

Date: _____ Chairman's signature: _____

Date: _____ Treasurer's signature: _____