

OFFICE OF THE SUPERVISOR OF ELECTIONS

STATEMENT OF ORGANIZATION

Political Committee Registration re: 18 Virgin Islands Code 904:

Each political committee which anticipates receiving contributions or making expenditures during the calendar year in a aggregate amount exceeding five hundred dollars (\$500.00) shall file with the Supervisor of Elections a statement of organization.

1. NAME AND ADDRESS OF COMMITTEE:

2. NAMES AND ADDRESS OF AFFILIATED OR CONNECTED ORGANIZATIONS:

3. PURPOSE OF COMMITTEE:

4. NAMES, ADDRESSES AND TITLES OF PRINCIPAL OFFICERS OF THE COMMITTEE:

5. NAMES, ADDRESSES AND TITLES OF CUSTODIAN (S) OF ALL BOOKS AND ACCOUNTS:

6. NAMES, ADDRESSES, OFFICE SOUGHT OR OFFICE ASSISTING AND PARTY AFFILIATION OF EACH CANDIDATE THE COMMITTEE IS SUPPORTING OR OPPOSING, IF THE PURPOSE OF THE COMMITTEES IS TO OPPOSE A CANDIDATE:

(a) SUPPORTING:

(b) OPPOSING:

7. BRIEF STATEMENT RELATIVE TO COMMITTEE:

(a) IS THE COMMITTEE A CONTINUING ONE ?

(b) WHEN WAS THE COMMITTEE FORMED AND IS IT REGISTERED WITH THE OFFICE OF THE LT. GOVERNOR AND INTERNAL REVENUE SERVICE ?

(c) WHEN IS THE COMMITTEE TO BE DISSOLVED ?

(d) IN THE EVENT OF DISSOLUTION OF THE COMMITTEE WHAT WILL BE THE METHOD OF DISPOSITION OF THE SURPLUS FUNDS?

(e) PLEASE PROVIDE ANY OTHER INFORMATION PERTINENT TO THE ORGANIZATION OF THE COMMITTEE:

8. LIST ALL BANKS AND ACCOUNT NUMBERS, SAFETY DEPOSIT BOXES, OR OTHER REPOSITORIES USED OR TO BE USED BY THE COMMITTEE:

STATEMENT OF CHAIRMAN AND TREASURER OF THE COMMITTEE:

We hereby jointly and individually declare that we have examined this Statement of Organization and to the best of our knowledge and belief the information provided herein is true and correct and complete.

Type or print name of Chairman

Type or print name of Treasurer

Signature of Chairman

Signature of Treasurer

Date

Date

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

OFFICE OF THE SUPERVISOR OF ELECTIONS

ACCEPTANCE

District of _____, 20

Campaign Committee of _____, SS# _____

Madam:-

I hereby accept the appointment tendered me by _____

Candidate/Chairman

Name

To the position of _____, dated _____, 20

Respectfully,

Appointee

Oath of Office

Having been appointed _____.

I, _____, do solemnly swear or affirm that I will support the laws of the United States applicable to the Virgin Islands and the laws of the Virgin Islands; that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

Signature

District of _____

Virgin Islands of the U.S.A. SS:

Sworn to and subscribed before me this _____ day of _____, 20

Efective _____, 20

Notary Public

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Notary Public

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

OFFICE OF THE SUPERVISOR OF ELECTIONS

APPOINTMENT

MRS. CAROLINE FAWKES
Supervisor of Elections
Election System of the Virgin Islands
P.O. Box 1499
Kingshill, St. Croix
Virgin Islands 00851-1499

DEAR Mrs. Fawkes:

I, _____ recommend the appointment of
Candidate / Chairman Name

_____ to the position _____ for the
Name of Appointee

Name of Campaign Organization

Effective on and after _____
Date

Sincerely,

Candidate / Chairman

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