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 an 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:


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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

Signature of Chairman

Date

Type or print name of Treasurer

Signature of Treasurer

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

Effective ______________________, 20

______________________________

Notary Public
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

Effective _________________________, 20

                                        __________________________
                                        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, ___________________________ Candidate / Chairman Name, recommend the appointment of

_________________________________________ Name of Appointee

to the position ___________________________ for the

_________________________________________ Name of Campaign Organization

Effective on and after ___________________________ Date

Sincerely,

_________________________________________ Candidate / Chairman
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