

# ***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:**

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**2. NAMES AND ADDRESS OF AFFILIATED OR CONNECTED ORGANIZATIONS:**

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**3. PURPOSE OF COMMITTEE:**

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**4. NAMES, ADDRESSES, CONTACT NUMBERS , E-MAIL ADDRESSES AND TITLES OF PRINCIPAL OFFICERS OF THE COMMITTEE:**

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

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**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:**

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**(b) OPPOSING:**

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**7. BRIEF STATEMENT RELATIVE TO COMMITTEE:**

**(a) IS THE COMMITTEE A CONTINUING ONE?**

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

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**(c) WHEN IS THE COMMITTEE TO BE DISSOLVED?**

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

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

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

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**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

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Type or print name of Treasurer

\_\_\_\_\_  
Signature of Chairman

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Signature of Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date