

I am requesting approval of the name of the above political party pursuant to Title 3 D.C.M.R. §§ 1501 and/or 1601. The names of additional members are attached, if not provided in the attached table.

I certify that the above information (and any attached information) is true to the best of my knowledge.

Signature of Applicant: _____ Printed Name: _____

Date: _____ Telephone Number: _____ Email: _____

Subscribed and sworn, or affirmed, to before me this _____ day of _____, 20_____.

Notary Public or Board of Elections Official: _____

**Under D.C. law, each political committee organized to promote a political party must file a Statement of Organization with the Director of Campaign Finance at 1015 Half Street SE, Suite 775, Washington, DC 20003 (202-671-0550) within 10 days after organization.