

COMMITTEES OF CONTINUOUS EXISTENCE

(Sections 106.04(2) and 106.04(4), Florida Statutes)

(PLEASE SELECT APPLICABLE OPTION)

- APPLICATION FOR CERTIFICATION
- ANNUAL REPORT FOR THE PERIOD OF _____ THROUGH _____
- UPDATE INFORMATION

OFFICE USE ONLY

THE FOLLOWING DOCUMENTS SHOULD BE RETURNED WITH THIS FORM:

1. The financial statement:
 - (a) Initial certification (DS-DE 63A); or
 - (b) Annual report filed each year (DS-DE 63);
2. Copy of the charter or bylaws or in the alternative, as permitted by statute, a sworn statement; and
3. A dues assessment schedule.

1. Full Name of Committee			Date
Mailing Address (if post office box or drawer, please add street address)			Telephone ()
City	County	State	Zip Code

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship

3. Area, Scope and Jurisdiction of the Committee

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

5. List by Name, Address and Position, the Custodian of Books and Accounts

Full Name	Mailing Address	Committee Title or Position

6. List by Name, Address and Position, Other Principal Officers Including Officers and Members of the Finance Committee, If Any

Full Name	Mailing Address	Committee Title or Position

7. List by Name, Address, Office Sought and Party Affiliation of each Candidate or Other Individual that this Committee is Supporting

Full Name	Mailing Address	Office Sought	Party

8. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

9. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

10. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address

11. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF _____ COUNTY

I, _____, certify that the information in this application (or annual report) is complete, true, and correct. I further certify that a membership list will be made available for inspection, if deemed necessary by the Division of Elections.

X

Signature of Chairman of Committee of Continuous Existence