

AMERICAN SAMOA GOVERNMENT PAGO PAGO, AMERICAN SAMOA 96799

CAMPAIGN SPENDING COMMISSION

ORGANIZATIONAL REPORT FOR THE GENERAL ELECTION

INSTRUCTIONS:

- a. Information furnished must be complete.
- b. Consent must be signed by the candidate personally if the report is submitted by a committee or party.
- c. Report must be certified by the candidate (s) personally.
- d. The original and one (1) copy are to be filed with the Campaign Spending Commission at the Election Office, in an envelope marked "To be opened by member of the Campaign Spending Commission only."
- e. Any change in information submitted in this report, other than item 9, shall be reported no later than 4:30 P.M. on the 10th calendar day after the change or when the candidate, committee, party, or campaign treasurer becomes aware of the change.

1.	Name of Candidate:
2.	Office sought (and District # if office sought is Representative) :
3.	Address:
4.	Party affiliation (if any):
5.	Name and address of supporting committee (s) or party, if any:
6.	Name and address of campaign treasurer, if any:
7.	Names and addresses of deputy campaign treasurers (limited to two), if there are any:

(A successor campaign treasurer or deputy campaign treasurer must be appointed and reported promptly in case of death, resignation, or removal. While vacant, the candidate, or committee chairman, serves in this capacity.)

Names of depos	itory:	Account	Number:	
9. Contributions to da personally:	ate of \$100 or more in the a	aggregate per donor, in	cluding from th	ne candida
Name of Donor	<u>Address</u>	<u>Amount</u>	Date of Receipt	Date of Depos

(Attach additional sheets in this format as necessary to list all reportable contributions.)

Designation of central committee, if applicable:			
Name	Address		
<u></u>			
(Required only for a candidate sup	oported by more than one committee.)		
Oated:			
Signature of Candidate	Signature of Committee or Party Chairman if		
Signature of Candidate	submitted by committee or by party.		
	CONSENT		
I consent to filing the foregoing erein.	g Organizational Report by the committee or party named		
Dated:			
	Signature of Candidate		

CERTIFICATION

I certify that the information contained in the foregoing Organizational Report is true and correct.

	Signature of Candidate
CRIBED AND	SWORN to before me on
	, American Samoa.
	Cinnature of Natory Dublic on other
	Signature of Notary Public or other person authorized to take oaths.
	My commission expires:
	<u>RECEIPT</u>
Receipt of the f s hereby ackno	foregoing Organizational Report on, 20_ owledged.
	Signature of member of Campaign Spending Commission, or designee.