



State of Rhode Island and Providence Plantations

Board of Elections

Campaign Finance Unit
50 Branch Avenue, Providence, Rhode Island 02904
Tel. (401) 222-2345
www.elections.ri.gov

RHODE ISLAND BOARD OF ELECTIONS

2011 JUL 11 AM 10:30
Time Stamp (For Office Use Only)

NOTICE OF ORGANIZATION (CF-1)

Notice of Organization for:

- Candidate or Officeholder
Political Party Committee
[X] Political Action Committee (PAC) (Complete Back of Form)
Corporation Supporting or Opposing a Ballot Question (Complete Back of Form)

Purpose:

- Initial Notice of Organization
Amendment to Notice of Organization
[X] Change of Treasurer or Deputy Treasurer
Annual Political Party Treasurer's Filing

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)

CHARLESTOWN CITIZENS ALLIANCE

Key # 6520

Street Address

N/A

City/Town, State and Zip Code

P.O. Box 81, Charlestown, RI 02813

Mailing Address (if different)

N/A

City/Town, State and Zip Code

N/A

Telephone Number

N/A

Daytime Telephone Number

N/A

Fax Number

N/A

E-mail Address

MAIL@CHARLESTOWNCITIZENS.ORG

If a Candidate, office being sought: Charlestown Town Council & Charlestown Planning Commission

Party Affiliation, if any:

- Democratic
Green
Republican
[X] Unaffiliated
Other

APPOINTMENT/DESIGNATION OF TREASURER

As a Candidate, Officeholder, Chairperson of a Political Party or PAC, or President of a Corporation named herein, I hereby:

- [X] Designate as Treasurer
Remove as Treasurer
Designate as Deputy Treasurer
Remove as Deputy Treasurer

the person named below, as required by law:

Name of Treasurer/Deputy Treasurer

LEON MAINELLI

Telephone Number

Daytime Telephone Number

Fax Number

Street Address

151 SUNSET DRIVE

City/Town, State and Zip Code

Charlestown, RI 02813

E-mail Address

Mailing Address (if different)

City/Town, State and Zip Code

Signature of Appointee: Leon Mainelli
Date: 7-7-11

Subscribed and sworn before me this 7 day of July 2011
EMILY MOSELEY
NOTARY PUBLIC
MY COMMISSION EXPIRES 12/2/14 Emily Moseley
Notary Public

APPOINTMENT/DESIGNATION OF TREASURER (If adding or removing more than one individual)

As a Candidate, Officeholder, Chairperson of a Political Party or PAC, or President of a Corporation named herein, I hereby:

- Designate as Treasurer
[X] Remove as Treasurer
Designate as Deputy Treasurer
Remove as Deputy Treasurer

the person named below, as required by law:

Name of Treasurer/Deputy Treasurer

JOHN H. JURGENS

Telephone Number

914-643-3956

Daytime Telephone Number

401-322-4085

Fax Number

john.jurgens@cox.net

Street Address

175 SE ST LUCIE Blvd, FtLb

City/Town, State and Zip Code

STUART, FL 34996

E-mail Address

Mailing Address (if different)

130 Shirley Drive

City/Town, State and Zip Code

Charlestown, RI 02813

Signature of Appointee: John H. Jurgens
Date: 7/7/11

Subscribed and sworn before me this 7 day of July 2011
EMILY MOSELEY
NOTARY PUBLIC
MY COMMISSION EXPIRES 12/2/2014 Emily Moseley
Notary Public

Campaign Account Depositories:

Name(s) of Institution(s)

WASHINGTON TRUST BANK

Number of Accounts (Example: One, Two)

One

Type of Account (Example: Checking, Savings)

checking

AFFIDAVIT

I, BERNICE KRANTZ, agree to abide by the (Candidate, Officeholder, Chairperson of Political Party Committee or PAC, or President of a Corporation)

campaign finance laws of the State of Rhode Island and the rules and regulations ("rules") established by the Board of Elections ("Board") including, but not limited to, the prescribed manner and format for the reporting of all contributions and expenditures.

I hereby authorize the Treasurer/Deputy Treasurer appointed herein to act on my behalf and to perform all acts necessary to comply with the campaign finance laws of this state and the rules established by the Board and that the appointee's original signature indicates my specific authorization to act on my behalf.

I understand that I, and the Treasurer/Deputy Treasurer appointed herein, shall each be issued a Personal Identification Number ("PIN") by the Board for the purpose of electronically filing reports and/or communications and that the use of said PIN shall constitute my specific authorization to act on my behalf.

I understand that all communications by the Board to either myself or the Treasurer/Deputy Treasurer shall be directed to the mailing address(es) provided herein and that I am responsible for the receipt of all correspondence mailed to said address(es). Moreover, I understand that I am responsible for notifying the Board of any changes of address and that the failure to inform the Board of said change(s) shall not absolve me of my responsibilities under the law or rules of the Board.

I understand that I will be deemed to be the Treasurer if an amended "Notice of Organization" designating a new Treasurer is not received by the Board within ten (10) days of the death, resignation or removal of the Treasurer.

Notwithstanding the above, I acknowledge that I am ultimately solely and fully responsible for the activities of my campaign and/or committee including all reporting requirements and the payment of any and all fines assessed.

x Bernice Krantz 7.7.11
Signature of Candidate, Officeholder or Chairperson of Political Party or Political Action Committee, or President of Corporation Date

Subscribed and sworn before me this 7 day of July 2011.
x Hillary A. Gordon Hillary Gordon
Notary Public Signature Notary Public (Print Name)
my commission expires 4/4/15

ADDITIONAL INFORMATION REQUIRED FROM PAC OR CORPORATION

CHARLESTOWN CITIZENS ALLIANCE

Name of PAC Supporting or Opposing a Candidate or Ballot Question; or Corporation Supporting or Opposing a Ballot Question (from front of form):

Name(s) and Addresses of Officers of PAC or Corporation: (Attach additional list if necessary)

Name(s)	Title of Officer	Address	Telephone Number
<u>Bernice Krantz</u>	<u>President</u>	<u>92 King Tom Dr, Charlestown, RI 02813</u>	<u>401-364-3328</u>
<u>Leo Mainelli</u>	<u>Treasurer</u>	<u>51 SUNSET Drive, Charlestown, RI 02813</u>	<u>401-322-0646</u>

Name(s) of any Candidate(s) whose election or defeat the Committee intends to advocate:
 Election Defeat _____
Name(s) of Candidate(s)

The question or questions whose approval or rejection the Committee or Corporation intends to advocate:
 Approval Rejection _____
Name(s) of Question(s)

The membership and/or contributor base of the Political Action Committee is derived from the employees of one corporation or business entity or from one business or professional group or association or labor union. Yes No
If yes, identify the employer group, association or union:

REPORTS MUST BE SIGNED & NOTARIZED

Any report not completed and/or not signed by a notary public will be returned and deemed not filed.
If you have any questions on how to complete this form, please contact the Board of Elections.

PENALTIES: Any person violating the provisions of the Rhode Island Campaign Contributions and Expenditures Reporting Act (Chapter 25 of Title 17 of the Rhode Island General Laws) shall be subject to civil and/or criminal penalties.