

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

NOTICE OF ORGANIZATION (CF-1)

BOARD OF ELECTIONS

DEC II AN IO: 59
Time Stamp (For Office Use Only)

Notice of Organization for:		Purpose:			
Candidate or Officeholder		Initial Notice of Organization			
□ Political Party Committee □ Political Action Committee (PAC) (Complete Back of Form)		☐ Amendment to Notice of Organization ☐ Change of Treasurer or Deputy Treasurer			
		☐ Annual Political Party Treasurer's Filing			
Full Name of Candidate, Officeholder, Political Party RICHARD CORRENTE		# MOD New			
Street Address 177 GRAND VIEW DRIVE	City/Town, State and Zip Coo	^e 02886			
Mailing Address (if different)	City/Town, State and Zip Coo	3			
Telephone Number Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number 1338-9900 401 886 5600	401 886 5650 RC	ail Address ORRENTE@123BANKBRS. COM			
If a Candidate, office being sought: MAYO	R WARWICK	<			
Party Affiliation, if any:	c 🔲 Republica	n 🗆 Other			
APPOINTMENT/DESIGNATION OF TREASURER					
As a Candidate, Officeholder or Chairperson of a Political Party or PAC named herein, I hereby:					
□ 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 NORMA PONTE Telephone Number 401 487-8667 Daytime Telephone Number Fax Number 401-886-5650					
Street Address City/Town, State and Zip Code E-mail Address					
Mailing Address (if different) LINCOLN RIOSES PROCESSING 123 BANKERS City/Town, State and Zip Code					
Subscribed and swormbefore me this \(\begin{align*} \text{day of } \textsuperior \text{20 14.} \\ \end{align*}					
which Ports 12-11-14 & Cor harred Commission Exp. 8/25/2016					
X Signature of Appointee	Date x	Notary Public			
APPOINTMENT/DESIGNATION	N OF TREASURER (If adding	or removing more than one individual)			
As a Candidate, Officeholder, or Chairperson of a P					
☐ Designate as Treasurer ☐ Remove as Treas	urer □ Designate as Depu	y Treasurer ☐ Remove as Deputy Treasurer			
the person named below, as required by law:					
Name of Treasurer/Deputy Treasurer	Telephone Number Day	time Telephone Number Fax Number			
Street Address	City/Town, State and Zip Code	E-mail Address			
A W A Library (If All franch)	City/Tayun State and Zin Code				
Mailing Address (if different) City/Town, State and Zip Code					
Subscribed and sworn before me thisday of20					
Signature of Appointee	Date X	Notary Public			
Campaign Account Depositories:					
Name(s) of Institution(s) Number of Accounts (Example: One, Two) Type of Account (Example: Checking, Savings)					
Dios	see attached additional sheets if no	vessary			

	AFFI	DAVIT	
1. RICHAR	D CORRENTE fficeholder, or Chairperson of Politic		, agree to abide by the
campaign finance laws of the Sta including, but not limited to, the p	te of Rhode Island and the rules ar rescribed manner and format for the	d regulations ("rules") established e reporting of all contributions and	d by the Board of Elections ("Board") d expenditures.
	s state and the rules established b		rm all acts necessary to comply with tee's original signature indicates my
I understand that I, and the Trea Board for the purpose of electron to act on my behalf.	surer/Deputy Treasurer appointed ically filing reports and/or communi	herein, when issued a Personal cations, that use of said PIN shal	Identification Number ("PIN") by the I constitute my specific authorization
address(es) provided herein and understand that I am responsible	I that I am responsible for the rec	eipt of all correspondence maile hanges of address and that the	urer shall be directed to the mailing d to said address(es). Moreover, I failure to inform the Board of said
	ned to be the Treasurer if an amo (10) days of the death, resignation (designating a new Treasurer is not
Notwithstanding the above, I accommittee including all reporting	knowledge that I am ultimately so requirements and the payment of a	olely and fully responsible for th ny and all fines assessed.	e activities of my campaign and/or
Signature of Candidate, Officehold Chairperson of Political Party or P Action Committee (PAC)	der or Date	oscribed and sworn before me this	x El Constant Public Print Nation (1)
		a da da antiga da	
ADDITIONAL INF	FORMATION REQUIRED FF	ROM POLITICAL ACTION	COMMITTEE (PAC)
	FORMATION REQUIRED FF Action Committee (PAC) Supporting or		
Name of Political		Opposing a Candidate (name as indi	cated on front of this form)
Name of Political	Action Committee (PAC) Supporting or	Opposing a Candidate (name as indi	cated on front of this form)
Name of Political Name(s) and A	Action Committee (PAC) Supporting or ddress(es) of Officer(s) of Political Action	Opposing a Candidate (name as indi	cated on front of this form) al list if necessary)
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Name of Political Name(s) and A Name(s) Name(s)	Action Committee (PAC) Supporting or ddress(es) of Officer(s) of Political Action	Opposing a Candidate (name as indicate of the committee (PAC): (Attach addition Address	cated on front of this form) al list if necessary)
Name of Political Name(s) and A Name(s) Name(s)	Action Committee (PAC) Supporting or ddress(es) of Officer(s) of Political Action Title of Officer election or defeat the Committee intendence of the Committee intenden	Opposing a Candidate (name as indicate of the committee (PAC): (Attach addition Address	cated on front of this form) al list if necessary)
Name of Political Name(s) and A Name(s) Name(s)	Action Committee (PAC) Supporting or ddress(es) of Officer(s) of Political Action Title of Officer election or defeat the Committee intendence of the Committee intenden	Opposing a Candidate (name as indicent of the control of the contr	cated on front of this form) al list if necessary)
Name of Political Name(s) and A Name(s) Name(s) Name(s) of any Candidate(s) whose of the control of the con	Action Committee (PAC) Supporting or ddress(es) of Officer(s) of Political Action Title of Officer election or defeat the Committee intenderefeat Name(s) of the Political Action Committee is sociation or labor union.	Opposing a Candidate (name as indicent content of the content of t	cated on front of this form) al list if necessary)

Only original signatures of candidates, treasurers and deputy treasurers need to be notarized.

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.