

State of Rhode Island and Providence Plantations

Board of Elections

Campaign Finance Division
50 Branch Avenue, Providence, Rhode Island 02904
Tel. (401)222-2345 Fax (401)222-4424
www.elections.state.ri.us

NOTICE OF ORGANIZATION

Notice of Organization for: Candidate	Purpose: Initial Notice of Organization
--	--

Name of Candidate, Political Party, Political Action Committee, or Corporation
Kenneth J Block

Street Address 8 Atlantic Crossing	City/Town State and Zip Code Barrington RI 02806
---------------------------------------	---

Mailing Address (if different)	City/Town State and Zip Code
--------------------------------	------------------------------

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
------------------	--------------------------	------------	--------

Party Affiliation, if any: Moderate	If Candidate, office being sought: Governor
-------------------------------------	---

APPOINTMENT / DESIGNATION OF TREASURER

As a qualified candidate, chairperson of the Political Party or PAC, or President of Corporation named above, I hereby Designate or Remove the person named below, as required by law:

as: **Name:**

Street Address	City/Town State and Zip Code
----------------	------------------------------

Mailing Address (if different)	City/Town State and Zip Code
--------------------------------	------------------------------

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
------------------	--------------------------	------------	--------

CUSTODIAN OF RECORDS

Full Name of Custodian of Records

Street Address	City/Town, State and Zip Code
----------------	-------------------------------

Mailing Address (if different)	City/Town, State and Zip Code
--------------------------------	-------------------------------

Telephone Number	Daytime Telephone Number	Fax Number	E-mail
------------------	--------------------------	------------	--------

Campaign Account Depositories:

Name(s) of Institution(s)	Number of Accounts	Type of Account (Checking, Savings)
---------------------------	--------------------	-------------------------------------

AFFIDAVIT

I, _____
(Candidate, Chairperson of Political Party Committee or PAC, or President of Corporation)

hereby authorize the above named individual to perform all acts necessary to remain in compliance with the campaign finance laws of the State of Rhode Island. I further acknowledge that the appointee is authorized by me to file campaign finance reports on my behalf. The appointee's original signature, or use of a unique PIN for electronic filing purposes, indicates specific authorization to file said report.

Notwithstanding the above, I acknowledge that I am ultimately responsible for all reporting requirements and for the payment of any and all fines.

It is expressly understood that should the Treasurer resign, that I will be deemed by the Board of Elections to be the Treasurer if an amended Notice of Organization designating a new Treasurer is not received by the Board of Elections within 10 days after the receipt of a letter of resignation.

Subscribed and Sworn to me this _____ Day of _____
Signature of Candidate or Chairperson of Political Party, Political Action Committee, or President of Corporation _____ Date _____
Notary Public _____

Subscribed and Sworn to me this _____ Day of _____
Signature of Appointee _____ Date _____
Notary Public _____

ADDITIONAL INFORMATION REQUIRED FROM PAC / CORPORATION

Kenneth J Block
Name of PAC or Corporation Supporting or Opposing Ballot Question

Names and Addresses of Officers or PAC or Corporation:

Action	Address	Title of Officer	Name	Day Telephone Number

Name or names of any candidates whose election or defeat the Committee intends to advocate and/or reject or the question or questions whose approval or rejection the Committee or Corporation intends to advocate:

Election Defeat

Approve Reject

The membership and/or contributor base of the Political Action Committee is derived from the employees of oe corporation or business entity or from one business or professional group or assoication or labor union.

Yes No

If yes, identify the employer group or association or union: