

**State of West Virginia  
INAUGURAL COMMITTEE  
Statement of Organization**

Committee Name: \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Committee Treasurer: \_\_\_\_\_

Treasurer's Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Treasurer's County: \_\_\_\_\_

The people listed on this form have agreed to serve as chairperson and treasurer of this committee. The treasurer acknowledges that he or she is personally responsible for filing the statutorily required campaign finance reports until a Change of Treasurer notice (Form F-5) is submitted to the Office of the Secretary of State, or until the committee files a Notice of Dissolution (Form F-6).

\_\_\_\_\_  
Treasurer's Signature Date



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