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

| - V. | | | | | | | | |
|---|--|------------------------------|-------------------------------------|---|--|--|--|--|
| Notice of Organization for: Candidate | Purpose: Amendment of Organization | | | | | | | |
| Name of Candidate, Political Pa DANIEL J MCKEE | rty, Political Action Committee, or Corpo | ration | | | | | | |
| Street Address | | City/Town State and Zip Code | | | | | | |
| Mailing Address (if different) | | City/Town S | state and Zip Code | | | | | |
| Telephone Number | Daytime Telephone Number | Fax Number | E-mail 1 | | | | | |
| Party Affiliation, if any: Democ | ratic | If Candidate, offi | ce being sought: | | | | | |
| | APPOINTMENT / DES | SIGNATION OF TREA | SUREB | | | | | |
| As a qualified candidate, chairpe | ersion of the Political Party or PAC, or Pre- | | | | | | | |
| | named below, as required by law: freasurer | Na | Name: EDWARD GALVIN | | | | | |
| Street Address | City/Town State and Zip Code PROVIDENCE, RI 02903 | | | | | | | |
| Mailing Address (if different) | City/Town State and Zip Code | | | | | | | |
| Telephone Number | Daytime Telephone Number | Fax Number | E-mail | | | | | |
| Designate as: 7 | Treasurer | Name: EDWARD GALVIN | | | | | | |
| Street Address | Asurer Name: EDWARD GALVIN City/Town State and Zip Code PROVIDENCE, RI 02903 | | | | | | | |
| Mailing Address (if different) | City/Town State and Zip Code | | | | | | | |
| Telephone Number | Daytime Telephone Number | Fax Number | E-mail | - | | | | |
| Full Name of Custodian of Rec | | DIAN 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 Depositorie Name(s) of Institution(s) | | er of Accounts | Type of Account (Checking, Savings) | | | | | |

RHODE ISLAND BOARD OF ELECTIONS

2015 FEB 12 P 4:00

AFFIDAVIT

(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 | | | | | |
|--|----------------------------|---------------------------------|-------------------------------|-----------------------|----------------|--|--|
| - King fun | 1 el | 2-12-13 | 12th | Day of file | Mary 2015 | | |
| Signature of Candidate or Chairper | son of Political | Date | - mark | moloires | . 0 | | |
| Party, Political Action Committee, | I | | Martin | Director | | | |
| or President of Corporation | <u> </u> | | Notary Public M | | Expires 2/25/ | | |
| Charles In la | . An | . | | id Sworn to me this | | | |
| VAMmend De | ni | 2-12-15 | 12+k | Day of <u>file</u> | rearit 2015 | | |
| Signature of Appointee | | Date | | n : n | | | |
| V | | | Martin | 1 & Meleu | 202 | | |
| | | | Notary Public | | scires 2/25/1 | | |
| | ADDITIONAL INFOR | WATION DEOIIDE | D FROM PAC / CORPORA | ICINAN ES | grass a poop. | | |
| | ADDITIONAL INFOR | MATION REQUIRE | D FROM FAC / GORI ORA | | | | |
| DANIEL J MCKEE | | | | | | | |
| Name of PAC or Corporation Supp | orting or Opposing Ballot | Ouestion | | | | | |
| | | <u></u> | | | | | |
| Names and Addresses of Officers of | or PAC or Corporation: | | | | | | |
| | | | | | | | |
| Action | Title of Officer | | | | Name | | |
| Address | | | | Day Te | lephone Number | | |
| •••••••••••••••••••••••••••••••••••••• | | | | | | | |
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| Name or names of any candidates | | | advocate and/or reject or the | question or questions | | | |
| whose approval or rejection the C | ommittee or Corporation in | itends to advocate: | | | | | |
| | | | | | | | |
| | | | | | | | |
| [] Election [] Defeat | | | | | | | |
| <i>l</i> | | | | | | | |
| []Approve []Reject | | | · | | | | |

[]Yes

[]No

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 association or labor union.

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

I,