## **Statement of Organization - Legal Expense Fund**Use this form to create a new or update an existing Legal Expense Fund.

Amendment	
☐ Yes	□ No

This form must be	accompanied by form CF	RO-3500 (when a	mending, only re-su	bmit if applic	able)	
1. Fund Informat	tion					
a. Full Name					c. ID Number	
b. Mailing Address (include City, State and Zip Code)					d. Date Organized	
-						
					e. Phone Number	
f. Purpose						
<b>.</b>						
2. Affiliated Enti	ty Information					
a. Candidate Name	-,	b. Candidate's Po	olitical Committee Name	e		
c. Office Sought/Held d. Any Other Affi						
			*			
e. Mailing Address (in	nclude, City, State, and Zip Coo	de)				
3. Treasurer Info	ormation		4. Custodian of I	4. Custodian of Books Information		
a. Full Name			a. Full Name			
h Mailing Address (i	nclude City State and Zin Coo	le)	h Mailing Address (i	b. Mailing Address (include City, State, and Zip Code)		
b. Mailing Address (include City, State, and Zip Code)		bi Franking Fladress (mediae Oky, State, and Zip Code)				
c. Phone Number d. Email Address			c. Phone Number d. Email Address			
I prefer to rece	eive notices by email	Yes No	☐ Email copy	of notices		
5. Assistant Treasurer Information Add			6. Account Information (incl. CRO-3500)			
a. Full Name		Remove	a. Financial Institution	a. Financial Institution Full Name Remove		
b. Mailing Address (include City, State, and Zip Code) b			b. Purpose			
-						
c. Phone Number	d. Email Address		c. Account Code	d. Type		
☐ Eil	factions		-			
Email copy o						
CERTIFICATIO						
					at no funds are commingled	
with candidate c	committee funds or other n	ion-disclosed fun	as. I further say that	this report is	complete, true and correct.	
D.	D: 12 66:					
Pri	nted Name of Signer	5	Signature of Appointed Tr	easurer	Date	