Delaware			Campaign Finance Section			
<i>elections</i>) مام ميدة كانت	TIVED	Statement of Organization			
VIUULIUIIU						
CANDIDATE COMMITTEE	2022 JUN 1	3 P 3: 21 🗆 PO	DLITICAL ACTION COMMITTEE			
POLITICAL COMMITTEE		3rc	I PARTY ADVERTISER			
In order to register with the Campaign Finance Section of the Office of the State Election Commissioner, you must complete a Statement of Organization. If any information for your organization changes, you must complete an amended Statement of Organization and submit it to the Campaign Finance Section.						
□ NEW ☑ AMENDED RE	EVISION NUMBER: (8)	DATE OF ORIGINAT	ION: 02/17/2019			
ORGANIZATIONAL DATA						
FULL ORGANIZATION NAME: Non-Partisan Party State Committee of Delaware						
OTHER NAME:						
PHYSICAL ADDRESS: 10 Greenview Dr	Davas	Delaman	10001			
ADDRESS	Dover	Delaware STATE	2IP			
MAILING ADDRESS:	Dames		40004			
10 Greenview Dr ADDRESS	CITY	Delaware STATE	19901 ZIP			
		~ -	Zii			
CONTACT INFORMATION:	(302) 670-1971		DAWAIII I DED			
	OFFICE PHONE		FAX NUMBER			
	info@lpdelaware.org		nppde.org			
	EMAIL ADDRESS		WEB ADDRESS			

1 of 3

Statement of Organization

CFFM016

Printed on 06/10/2022 02:50:31 PM



Campaign Finance Section Statement of Organization

ORGANIZATIONA	AL DATA (Continue	ed)		
NAME OF PARTY IF EN	NTIRE TICKET IS SUPP	ORTED:		
☐ DEMOCRATIC	REPUBLICAN	✓ OTHER	Non-Partisan	
SHORT STATEMENT O	F PURPOSE :	-		
To promote the values as		ı-Partisan Party in Dela	ware	
PARTY AFFILIATION				
☐ DEMOCRATIC	REPUBLICAN	✓ OTHER	Non-Partisan	
		1	LIST FULL NAME OF PARTY	
OFFICER DATA				
OFFICER DATA				
NAME OF TREASURER	¥		William McVay	
PHYSICAL HOME ADD	RESS:			
10 Greenview Drive		DOVER	Delaware	19901
ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS:				
10 Greenview Drive		DOVER	Delaware	19901
ADDRESS		CITY	STATE	ZIP
CONTACT INFORMATI	ON:	(302) 670-1971		
		WORK PHONE		HOME PHONE
		(302) 670-1971		
		CELL PHONE		FAX NUMBER
		info@lpdelaware.org		
		EMAIL ADDRESS		
*				
Printed on 06/10/2022 02:50:	32 PM	2 of 3		Statement of Organization
				CFFM016



CERTIFICATION

I authorize that all information included in this Statement of Organization is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that the Office of the State Election Commissioner will perform periodic audits of all information provided by the candidate and treasurer listed on this report as well as other officers of my organization. I understand that all advertising signs must comply with the Delaware DOT Sign Law.

TREASURER SIGNATURE

STATE OF

COUNTY OF

SWORN AND SUBSCRIBED BEFORE METHIS 13 day of June, 2022

ROYanne Duese Ruggier.