



State Party Formation Packet

Official Filing Documentation for State-Level Recognition

The Anti-Federalist Party

"The government closest to the people serves the people best."

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1. Overview

This packet contains all documentation required to formally establish a state-level organization of the Anti-Federalist Party. Each state has different requirements for political party recognition. This standardized packet provides the core documentation needed regardless of jurisdiction.

Before proceeding, consult the state-specific requirements guide at anti-federalists.com/documents/states. Filing requirements, deadlines, and signature thresholds vary significantly by state.

2. Statement of Organization

State: _____

Official Party Name (“Anti-Federalist Party of [State]”): _____

Date of Organization: _____

State Party Headquarters Address: _____

Mailing Address (if different): _____

2.1 Principal Officers

State Chair: _____

State Vice Chair: _____

State Secretary: _____

State Treasurer: _____

Designated Agent for Service of Process: _____



2.2 Contact Information

Official Email: _____

Official Phone: _____

Website: _____

3. Statement of Purpose

The Anti-Federalist Party of _____ is organized for the purpose of:

1. Nominating and supporting candidates for public office at the local, county, state, and federal levels within the State of _____.
2. Advancing the principles of decentralized governance, individual sovereignty, and community self-determination.
3. Educating the electorate on the Anti-Federalist intellectual tradition and its application to contemporary governance.
4. Providing an alternative to the two-party monopoly that currently dominates political life in this state.

4. Adopted Principles

The Anti-Federalist Party of _____ hereby adopts and affirms the Principles of the Anti-Federalist Party as set forth in Article II of the national Party Constitution, including:

1. **Decentralization of Power** — Political authority derives from individuals and communities.
2. **Individual Sovereignty** — Inherent, inalienable rights that no government may abridge.
3. **Community Self-Determination** — Communities have the right to govern themselves.
4. **Separation of Corporate and State Power** — No corporate preferential treatment.
5. **Fiscal Responsibility** — No generational debt without consent.
6. **Transparency and Accountability** — All government operations must be transparent.
7. **Non-Interventionism** — The military exists to defend American soil.



5. Financial Disclosure

Bank Name and Branch: _____

Account Number (last 4 digits): _____

Authorized Signatories: _____

5.1 Financial Compliance

The Anti-Federalist Party of _____ certifies that:

1. All contributions and expenditures will be reported in accordance with state campaign finance laws.
2. The party will not accept corporate donations, PAC contributions, or foreign funding.
3. The state Treasurer will file all required financial reports with the state election authority.
4. Complete financial records will be maintained and available for public inspection.

6. Petition Certification

Complete this section only if your state requires a petition for party recognition. Attach the petition sheets as an appendix to this packet.

Total Signatures Collected: _____

Date Collection Began: _____

Date Collection Ended: _____

Required Signatures: _____

Counties/Districts Represented: _____



6.1 Petition Notarization

I, _____, do hereby certify under penalty of perjury that all signatures attached to this petition were collected in accordance with the election laws of the State of _____, that each signer is a registered voter of said state, and that each signature was witnessed by an authorized circulator.

Petition Coordinator _____
Date

7. Convention Certification

Complete this section only if your state requires a founding convention for party recognition.

Convention Date: _____

Convention Location: _____

Number of Delegates Present: _____

Number of Counties Represented: _____

7.1 Convention Actions

The founding convention of the Anti-Federalist Party of _____ hereby certifies the following actions:

1. Adoption of the National Party Constitution as the governing document of the state party.
2. Election of state officers as listed in Section 2 of this packet.
3. Adoption of state-specific bylaws (attached).
4. Authorization of the State Chair to file this Statement of Organization with the appropriate state election authority.



Convention Presiding Officer

Date

Convention Secretary

Date



8. Submission Checklist

Before submitting this packet to your state election authority, verify:

- Statement of Organization complete with all officer information
- Statement of Purpose signed
- Principles adopted and affirmed
- Financial disclosure complete
- Petition sheets attached (if applicable)
- Convention minutes attached (if applicable)
- State Committee Bylaws attached
- Filing fee enclosed (if applicable)
- Copy retained for state party records
- Copy sent to national registry at states@anti-federalists.com



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May 15, 2026

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State Chair

Date

State Secretary

Date

State Treasurer

Date

Filed with the election authority of the State of _____

Copy submitted to Anti-Federalist Party national registry

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