



Any substantive changes to the registration information of a committee must be updated within 7 business days

**INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.**

1	Today's Date:	Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): Address: City, State, Zip: Telephone Number (optional): Email:	
3	Campaign Committee Chairperson (full name): Address: City, State, Zip: Email :	
4	Treasurer (full name): Address: City, State, Zip: Email :	
5	Candidate (full name): Address: City, State, Zip: Email :	
6	Select Office Type: <input type="checkbox"/> Statewide <input type="checkbox"/> State Name of Office Sought or Held: (include office, district, post, or judicial seat)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Date \_\_\_\_\_