



State Ethics Commission

REGISTRATION FORM FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE

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

Form RC

1	Today's Date: _____	<input type="checkbox"/> Original <input type="checkbox"/> Amendment
2	Committee (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____	
3	Campaign Committee Chairperson (Full Name): _____ Address: _____ City, State, Zip: _____	
4	Treasurer (Full Name): _____ Address: _____ City, State, Zip: _____	
5	Candidate (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____	
6	Name of Office Sought (include district, post or judicial circuit, if applicable) State: _____ County: _____ Municipal: _____	Party Affiliation (Optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan <input type="checkbox"/> Other _____
7	Incumbent Name: _____	Election Year: _____

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

Signature of Person Registering Committee

Date