



COMMITTEE REGISTRATION FORM

Committee Name: _____

Purpose of Committee: _____

Committee Type: Candidate Committee Issue Committee

Contact Information:

Registered Agent: _____

Address: _____

Telephone No.: _____

E-Mail: _____

Registered Agent's Signature: _____ Date _____

For Candidate Committees:

Print Candidate Name: _____

Candidate Address: _____

Candidate Phone Number: _____

Candidate's Email Address: _____

Candidate's Signature: _____ Date _____