

| COMMITTEE REGISTRATION/TERMINATION FORM | | | |
|---|--|---|--------------------------------------|
| Date of Election | | <input type="checkbox"/> November _____ | <input type="checkbox"/> Other _____ |
| Type of Committee (check only one) | | | |
| <input type="checkbox"/> Candidate Committee <input type="checkbox"/> Issue Committee <input type="checkbox"/> Political Committee | | <input type="checkbox"/> Small Scale Issue Committee (Note: if you have not received contributions or made expenditures in an aggregate amount exceeding \$200, no registration is required at this time.) | |
| Is this an amendment to, or termination of, a previous registration? | | | |
| <input type="checkbox"/> No. This is a new registration. <input type="checkbox"/> Yes. Reason for amendment: _____ <input type="checkbox"/> Yes. I wish to terminate the Committee and hereby state that the Committee has received no contributions and made no expenditures since the original registration of the Committee. (Note: if the Committee received contributions or made expenditures, you must file a final Campaign Finance Report showing a zero balance and mark the form as a termination report.) | | | |
| Full Name of Committee (spell out acronyms) | | | Phone No. |
| Street Address (including city/state/zip) | | Mailing Address (if different) | |
| Email Address | | Web Site Address | |
| Purpose or Nature of Interest of the Committee | | | |
| Name and Address of Financial Institution in which contributions are deposited (in a separate account bearing the name of the Committee). Must provide written documentation of such account. | | | |
| Name of Registered Agent for Committee | | Registered Agent's Phone No. | |
| Registered Agent's Mailing Address | | Registered Agent's Email Address | |
| Acknowledgement and Certification of Candidate and Registered Agent | | | |
| I hereby acknowledge the foregoing information and certify and attest that all information above is true and complete to the best of my knowledge, after reasonably diligent inquiry. I understand that any intentional misrepresentation of facts may result in denial of a registration and that falsification of statements on and with this attestation may be punishable by law. | | | |
| Signature of Candidate | | Signature of Registered Agent | |
| Date | | Date | |

Must be filed with City Clerk before accepting or making any contributions. (City Code §7-134)

ALL FIELDS ARE REQUIRED