



State Ethics Commission - Committee Name Change 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.

1	Today's Date: _____
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2	Filer ID: _____ Previous Committee Name: _____ New Committee Name: _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____
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3	Campaign Committee Chairperson (Full Name): _____ Address: _____ City, State, Zip: _____
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4	Campaign Committee Treasurer (Full Name): _____ Address: _____ City, State, Zip: _____
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5	Candidate (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____
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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 _____
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7	Incumbent Name: _____	Election Year: _____
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.

 Signature of Person Registering Committee _____
Date