



## State Ethics Commission - Committee Name Change Form

FOR A CAMPAIGN COMMITTEE FOR USE BY OTHER THAN CANDIDATE

<b>1</b>	Today's Date: _____	Registration Year: _____	
<b>2</b>	Type of Committee (Check One): <input type="checkbox"/> Political Party <input type="checkbox"/> Political Action Committee <input type="checkbox"/> Statewide Referendum <input type="checkbox"/> Individual <input type="checkbox"/> Independent Committee <input type="checkbox"/> Constitutional Amendment <input type="checkbox"/> Recall Committee (Provide information below) <input type="checkbox"/> County or Municipal Ballot Question  Public Officer: _____  Office Held: _____      Election Year: _____		
<b>3</b>	Filer ID: _____ Previous Committee Name: _____ New Committee Name: _____ Address 1: _____ Address 2: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____		
<b>4</b>	Committee Affiliation (if any): _____		
<b>5</b>	Chairperson (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____		
<b>6</b>	Treasurer (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature of Person Registering Committee</span> <span>Date</span> </div>			