



State Ethics Commission

REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S

Form RO

1	Today's Date: _____	Registration Year: _____	<input type="checkbox"/> Original <input type="checkbox"/> Amendment
2	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: _____		
3	Committee (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____		
4	Committee Affiliation (if any): _____		
5	Chairperson (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____		
6	Treasurer (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.			
_____ Signature of Person Registering Committee		_____ Date	