

REGISTRATION: POLITICAL ACTION COMMITTEE

A political action committee must register with the clerk's office within 7 days of making expenditures to initiate or influence a campaign or election, including unpaid obligations, that total more than:

- \$1,500 for an organization whose major purpose is to influence candidate or ballot question elections, or
- \$5,000 for organizations which participate in candidate elections but whose major purpose is something other than influencing candidate elections.

Registration is not complete until the following additional documents have been submitted:

- **Initial Campaign Finance Report.** All contributions received, whether cash or in-kind, and all expenditures made from the beginning of the calendar year must be reported. Be sure to include any expenditures associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising.
- **Acknowledgement of Responsibilities.** The Treasurer, Principal Officer and any Decision-Makers must sign and return the statement within 10 days of the date of this registration.

COMMITTEE INFORMATION	
Committee Name:	Acronym:
Mailing Address:	Phone:
City, State, Zip Code:	Fax:
E-mail:	Website:
ALTERNATE E-MAIL ADDRESSES	
To receive filing reminders and important information from the Commission. These addresses will not be posted online.	
1.	2.
TREASURER INFORMATION	
Cannot be the same as the Principal Officer. See Acknowledgement of Responsibilities for duties of Treasurer.	
Name:	Phone:
Mailing Address:	
City, State, Zip Code:	E-mail:
PRINCIPAL OFFICER INFORMATION	
Cannot be the same as the Treasurer. See Acknowledgement of Responsibilities for duties of Principal Officer.	
Name:	Phone:
Mailing Address:	
City, State, Zip Code:	E-mail:

DECISION-MAKERS

List all persons, other than the Treasurer or Principal Officer, primarily responsible for making decisions for the PAC.

There are no Decision-Makers other than the Treasurer and Principal Officer.

Name:		Primary Phone (For Commission Use Only):
Mailing Address:		Public Phone:
City, State, Zip Code:	E-mail:	

Name:		Primary Phone (For Commission Use Only):
Mailing Address:		Public Phone:
City, State, Zip Code:	E-mail:	

FUNDRAISERS

List all persons, other than the Treasurer or Principal Officer, primarily responsible for fundraising for the PAC.

There are no Primary Fundraisers other than the Treasurer and Principal Officer.

Name:		Phone:
Mailing Address:		
City, State, Zip Code:	E-mail:	

Name:		Phone:
Mailing Address:		
City, State, Zip Code:	E-mail:	

LEGISLATORS OR CANDIDATES WITH SIGNIFICANT ROLE IN PAC

List all Candidates or Legislators with a significant fundraising or decision-making role with the PAC.

No Candidates or Legislators have a significant fundraising or decision-making role with the PAC.

Name and office sought/held		Phone:
Mailing Address:		
City, State, Zip Code:	E-mail:	

Name and office sought/held		Phone:
Mailing Address:		
City, State, Zip Code:	E-mail:	

FORM OF ORGANIZATION

Name the form or structure of organization, i.e., for-profit or non-profit corporation, voluntary association, partnership, membership organization, etc.

Form of Organization:

Date of Origin/Incorporation:

SPONSOR ORGANIZATIONS

List all for-profit or non-profit corporations or other organizations that formed this committee. Use additional sheets as necessary.

This committee was not formed by a for-profit or non-profit corporation or other organization.

Name:

Mailing Address (City, State, Zip Code):

Name:

Mailing Address (City, State, Zip Code):

CAMPAIGN ACCOUNT INFORMATION

For the account into which contributions will be deposited and from which expenditures will be made.

Name of Financial Institution:

Mailing Address (City, State, Zip Code):

Name of Account:

STATEMENT OF SUPPORT OR OPPOSITION

The committee must list the specific candidates or categories of candidates, referenda, initiated petitions, people's vetoes, or other campaigns that the committee supports or opposes. If the committee is formed to influence the election of a single candidate, the name of the candidate must be listed.

Support

Oppose:

SIGNATURE OF PRINCIPAL OFFICER OR TREASURER

The Treasurer, Principal Officer and any Decision-Makers must submit a signed Acknowledgement of Responsibilities.

Signature:

Title:

Print name:

Date: