

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees

Full Name of Committee			
Street Address	Telephone Number		e-mail Address
City	State	Zip Code	FAX Number
Full Name of Treasurer			
Street Address	Telephone Number		e-mail Address
City	State	Zip Code	FAX Number
Full Name of Deputy Treasurer (if any)			
Street Address	Telephone Number		e-mail Address
City	State	Zip Code	FAX Number

Candidate's Campaign Committees Only

Full Name of Candidate		Party Affiliation/Independent/Non-Partisan	
Street Address		Subdivision/District	
City	Office Sought	Election Year	
State	Zip Code	Date	
Signature of Candidate		Date	

Political Action Committees Only

Is the PAC sponsored by a labor organization or corporation?	If Yes, name the sponsor	Acronym, if any
<input type="checkbox"/> No <input type="checkbox"/> Yes		
PAC Registration Number	Authorized Signature	Date
		List any affiliated PACs

Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only

Authorized Signature	Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Treasurer

Date

Reason(s) for filing this form:

- ☐ Original Designation of Treasurer/Acknowledgement of Appointment
- ☐ Change of Treasurer/Acknowledgement of Appointment
- ☐ Designation or change of Deputy Treasurer
- ☒ Change of Address for Candidate ONLY - Home Address

☐ Change of Committee name. The previous name was: _____

☐ Change of Filing Location. The previous location was: _____

The new location is: _____

☐ Change of Office Sought from _____ to _____

☐ Other. Please explain: _____