

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	Office Sought		Subdivision/District
City	State	Zip Code	Election Year
Signature of Candidate			Date
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes.	If Yes, name the sponsor		Acronym, if any
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

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 _____

- 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: _____