

Incidental Committee Registration

C1ic
(1/19)

Committee Name	Acronym:
	Telephone: ()

Mailing Address	E-mail:
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City	County	Zip + 4	NEW OR AMENDED REGISTRATION? <input type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.
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1. Candidate(s) or political committee(s) which the incidental committee is supporting or opposing:

Candidate/Political Committee	Office Sought/ Committee Address	Party affiliation/ Ballot Proposition No.	Check Support or Oppose
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

Continued on attached sheet.

2. Related or affiliated incidental and political committees. List name, address and relationship.

Continued on attached sheet.

3. Committee Officers. If the committee has no officers, the name of any responsible leaders and the committee's treasurer should be listed. Report name, title, and address.

Continued on attached sheet.

4. **Signature and Certification.** I certify that this report is true, complete and correct to the best of my knowledge. I acknowledge that the email address herein shall constitute the official address for purposes of all communications with the commission, and that I must notify the commission of any change to that address within ten days.

Committee Officer's or Leader's Signature	Date
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