



Registration for Political Action Committees & Ballot Question Committees

For all statewide campaigns and municipalities with fewer than 15,000 people.

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

- \$2,500 for an organization or voluntary association which participates in a candidate election, or
- \$5,000 for organization, voluntary association, or individual which participates in a referendum election.

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

- Completed registration for Political Action Committees & Ballot Question Committees. (This Form)
- Acknowledgment of Responsibilities. The Treasurer, Principal Officer and any Decision Maker(s) must sign and return the statements within 10 days of the date of submitting this form.
- Initial Campaign Finance Report. All contributions received, whether cash or in-kind, and all expenditures made from the beginning of the calendar year (for PACs) or the beginning of the campaign (for BQCs) must be reported. The report is due within 7 days of filing this registration, or within 14 days of exceeding the financial activity that required registration, whichever comes first.

AMENDMENT		
Is this an amendment?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
COMMITTEE INFORMATION		
Committee Name		Acronym (Optional)
Mailing Address		Phone
City	State	ZIP
Committee Email		Alternate Email 1 (Optional)
Alternate Email 2 (Optional)		Web (Optional)
TYPE OF COMMITTEE (Please see Instruction Page)		
(Select One)		
<input type="checkbox"/> The primary purpose of this Committee is to influence candidate campaigns. (PACs)		
<input type="checkbox"/> The primary purpose of this Committee is to influence referenda campaigns. (BQCs)		
For PACs Only (Select One)		
<input type="checkbox"/> Traditional PAC <input type="checkbox"/> Leadership PAC <input type="checkbox"/> Caucus PAC		
For BQCs Only (Select One)		
<input type="checkbox"/> Individual BQC <input type="checkbox"/> Traditional BQC <input type="checkbox"/> Municipal BQC		
Date of Referendum:		

TREASURER INFORMATION		
Last Name	First Name	Current Legislator Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address		Phone
City	State	ZIP
Email		Fax (Optional)
PRINCIPAL OFFICER INFORMATION		
Last Name	First	Current Legislator Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address		Phone
City	State	ZIP
Email		Fax (Optional)
AUTHORIZED AGENT INFORMATION (OPTIONAL)		
Last Name		First Name
Email		Phone
Last Name		First Name
Email		Phone
PRIMARY FUNDRAISERS & DECISION MAKERS INFORMATION (OPTIONAL)		
Last Name		First Name
Email		
Role (Check all that apply) Decision Maker <input type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>		
Last Name		First Name
Email		
Role (Check all that apply) Decision Maker <input type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>		
Last Name		First Name
Email		
Role (Check all that apply) Decision Maker <input type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>		

FORM OF ORGANIZATION

Role (Select One)

- Corporation Cooperative Limited Liability Co. Non-Profit
 Unregistered Partnership Voluntary Association Individual Other _____

Date of Origin or Incorporation

FOUNDING ORGANIZATIONS

(Skip if Form of Organization is a: Unregistered Partnership, Voluntary Association, or Individual)

Name of Business/Organization

Phone

Address

City

State

ZIP

Name of Business/Organization

Phone

Address

City

State

ZIP

Name of Business/Organization

Phone

Address

City

State

ZIP

CAMPAIGN ACCOUNT INFORMATION

Name on Account

Name of Financial Institution

Mailing Address

City

State

ZIP

Certification
(Select One)

- I certify that the funds deposited into the Campaign Account are segregated from the general treasury funds of a founding organization and that the funds are not commingled with the funds of any individual person.
- I request a waiver of the requirement to maintain a separate account because the requirement is administratively burdensome.

STATEMENT OF COMMITTEE PURPOSE

Indicate the specific candidate(s) or referenda that the committee will be supporting or opposing. If the purpose is non-specific, indicate the categories of candidates or types of issues that the Committee will be supporting or opposing. (e.g. "This Committee supports John Smith for Governor," "This Committee opposes the People's Veto of LD XXX," "This Committee opposes candidates who want to increase taxes.")

Support

Oppose

CERTIFICATION

(Select One)

I certify that this PAC/BQC is not directly or indirectly established, maintained, or controlled, by a current member of the legislature.

I certify that I have listed the member(s) of the legislature who are directly or indirectly establishing, maintaining, or controlling this PAC/BQC as a Principal Officer, Treasurer, Decision Maker, or Fundraiser.

SIGNATURE OF OFFICER

FULL NAME

TITLE

SIGNATURE

DATE