

STATE OF NEW HAMPSHIRE
2018 Political Committee Registration - RSA 664:3
AMENDMENT FORM

Committee Name: _____

Address: _____

_____ Phone: _____

Indicate the change and specify the new information:

Change of Committee Name: _____

Change of Address: _____

Change of Phone Number: _____ Fax Number: _____

Change of Purpose: _____

****Change of Chairperson – Name and Address** _____

Occupation of new Chairperson: _____

**** Change of Treasurer – Name and Address** _____

Occupation of new Treasurer _____

****For a change of Chairperson or Treasurer a resignation letter of the previous officer or the committee minutes effecting the change must accompany this amendment form.**

Signature of Chairperson Date

Signature of Treasurer Date

RSA 664:3. The committee shall file an amendment to its registration within 14 days of any change in the officers or purpose of the committee.

Return to:
Secretary of State's Office, State House Room 204, Concord, New Hampshire 03301
Phone: 603-271-3242 Fax: 603-271-6316