

# STATE OF NEW HAMPSHIRE

## 2010 Political Committee Registration - 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:

\*\* Change of 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