



COMMITTEE REGISTRATION

CITY OF AURORA COMMITTEE AND AUTHORIZED AGENT REGISTRATION

Candidate: _____

Office sought: _____ **Ward:** _____

Select only ONE Committee type:

Small Donor Committee

Separate Segregated

Candidate Committee

Political Committee

Committee Name: _____

Address: _____

Principal Address

Mailing Address

Phone Number: _____

Email: _____

Financial Institution: _____

Account Name: _____

Address: _____

Phone Number: _____

Provide the full name of any other committee or non-municipal political organization that is organized or controlled by the same person or group of persons as your candidate committee

Name of Committee: _____

State-Assigned ID Number: _____

Treasurer's Name: _____

Address: _____

Phone Number: _____ or _____

Email: _____

Signature of Candidate

Received in the office of the City Clerk at  _____ **on the** _____

Office of the City Clerk