



TRACCER USER REGISTRATION FORM

TYPE OF REQUEST:	
New Account	
Password Reset	
TREASURER INFORMATION:	
Name:	
Address:	
	E-mail:
COMMITTEE INFORMATION:	
Committee Name:	
I.D. Number:	Date Qualified as Committee:
Name of Candidate/Officeholder:	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Treasurer or Assistant Treasurer	Date
OFFICE USE ONLY	
Login I.D.:	Password:
☐ E-mail Confirmation Sent to Treasurer	
Completed By:	_ Date Completed:

Fax: (562) 651-2548