

# POLITICAL PARTY REGISTRATION STATEMENT

Effective January 1, 2005, pursuant to R.S.18:441: A political party shall be recognized if, ninety days prior to the opening of the qualifying period for any election, at least one thousand registered voters in the state are registered as being affiliated with such political party; such political party has filed a notarized registration statement with the Secretary of State; and the political party has paid a registration fee of one thousand dollars to the Secretary of State. A registration statement shall not be accepted by the Secretary of State if: a) the name of the party is identical to or deceptively similar to the name of any other existing political party; b) the name of the party is deliberately misleading or fraudulent in any respect; or c) an emblem submitted by the party is deceptively similar to an emblem or trademark of any other existing political party.

1. Name of Political Party: \_\_\_\_\_

2. Mailing address of the party within the state of Louisiana:  
\_\_\_\_\_  
\_\_\_\_\_

3. If the party is affiliated with a national political party, the name of the national party and the address of its national headquarters:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Names, addresses, and official titles of the party's state officers in Louisiana:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5. Attach a copy of the party's emblem, if any.
- 6. Attach copies of the state party's charter or constitution, its governing bylaws, rules, and regulations.
- 7. Attach a voter registration report prepared by the secretary of state showing that at least one thousand registered voters in the state are affiliated with this political party. (Contact this office at 1-800-883-2805 for information on obtaining this report.)
- 8. Attach the registration fee of \$1,000.00. (Checks should be made payable to the Secretary of State.)

X \_\_\_\_\_  
(signature of party officer)

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)  
\_\_\_\_\_  
(Printed name of Notary Public and Notary Public ID No. or Bar Roll No.)

**FOR OFFICE USE ONLY:**  
Date Received: