



**LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK**

DEAN C. LOGAN

Registrar-Recorder/County Clerk

TRACCR USER REGISTRATION FORM

TYPE OF REQUEST:

- New Account
- Password Reset

TREASURER INFORMATION:

Name: _____

Address: _____

Phone Number: _____ 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: _____

Return the completed form to the TRACCR Administrator:
Email: TRACCR@rrcc.lacounty.gov
Fax: (562) 651-2548