Filer ID: _____

Georgia Government Transparency & Campaign Finance Commission

REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE

Any substantive changes to the registration information of a committee must be updated within 7 business days

FORM RC

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1 Today's Date: | Select Form Type: ☐ Original ☐ Amended

2 Committee (Full Name): _____

Address: _____

_____

City, State, Zip: _____

Telephone Number (optional): _____ Email: _____

3 Campaign Committee Chairperson (full name): _____

Address: _____

_____

City, State, Zip: _____ Email : _____

4 Treasurer (full name): _____

Address: _____

_____

City, State, Zip: _____ Email : _____

5 Candidate (full name): _____

Address: _____

_____

City, State, Zip: _____ Email : _____

6 Select Office Type: ☐ State ☐ County ☐ Municipal

Name of Office Sought or Held: _____
(include district, post, or judicial circuit if applicable)

Party Affiliation (optional):
☐ Democrat ☐ Non Partisan
☐ Republican ☐ Other

7 Incumbent: | Next Election Year:

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

_____ Signature of Person Registering Committee

_____ Date

MAIL TO: Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334