



Georgia Government Transparency & Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

REGISTRATION FORM FOR A CANDIDATES COMMITTEE NAME CHANGE (FORM RCNC)

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

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

1	Today's Date: _____	
2	Filer ID: _____ Previous Committee Name: _____ New Committee 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: <input type="checkbox"/> Statewide <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: _____ (include district, post, or judicial circuit if applicable)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other

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

Signature of Person Registering Committee

Date