



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

REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE (FORM RC)

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.

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|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Today's Date: _____ | Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> 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: <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