

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: <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"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: _____ <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
7	Incumbent: _____	Next Election Year: _____

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

Signature of Person Registering Committee

Date