

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: <u>January 2nd, 2014</u>	Select Form Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): <u>Colin Martin For Mayor</u> Address: <u>P.O. Box 1181</u> City, State, Zip: <u>Columbus, GA 31902-1181</u> Telephone Number (optional): <u>706-464-3761</u> Email: <u>colinmartin@mac.com</u>	
3	Campaign Committee Chairperson (full name): <u>Alton Russell</u> Address: <u>1425 Autumnridge Drive</u> <u>Columbus, GA 31904</u> City, State, Zip: <u>Columbus, GA 31904</u> Email: <u>altonrussell38@gmail.com</u>	
4	Treasurer (full name): <u>Marc Reid, CPA</u> Address: <u>2821 Harley Ct</u> City, State, Zip: <u>Columbus, GA 31904</u> Email: <u>Marc@seviccpa.com</u>	
5	Candidate (full name): <u>Colin Martin</u> Address: <u>7012 Winthrop Ct.</u> <u>Columbus, GA 31904</u> City, State, Zip: _____ Email: <u>colinmartin@mac.com</u>	
6	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal Name of Office Sought or Held: <u>Mayor</u> (include district, post, or judicial circuit if applicable)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
7	Incumbent: _____	Next Election Year: <u>2014</u>

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

Signature of Person Registering Committee

January 2nd, 2014
Date

Georgia Government Transparency & Campaign Finance Commission
DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
FORM DOI

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1	Today's Date: <u>January 2nd, 2014</u>	
2	Candidate (full name): <u>Colin Martin</u> Address: <u>7012 Winthrop Ct.</u> City, State, Zip: <u>Columbus, GA 31904-1920</u> Telephone (optional): <u>706-464-3761</u> Email: <u>colinmartin@mac.com</u>	
3	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal Name of Office Sought or Held: <u>Mayor</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: <u>Terese Pike Tomlinson</u>	Next Election Year: <u>2014</u>

Complete sections 5 and 6 ONLY if you have a campaign committee.
This information does not register a campaign committee. (Please use Form RC to register.)

5	Campaign Committee Chairperson (full name): <u>Alton Russell</u> Address: <u>1425 Autumnridge Drive</u> City, State, Zip: <u>Columbus, GA 31904</u> Email: <u>altonrussell38@gmail.com</u>	
6	Treasurer (full name): <u>Marc Reid, CPA</u> Address: <u>2821 Harley Dr.</u> City, State, Zip: <u>Columbus, GA 31904</u> Email: <u>marc@sewica.com</u>	

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



Signature of Candidate

January 2nd, 2014

Date