



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

**REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S (FORM RO)**  
 INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

<b>1</b>	Today's Date: 9/23/2021	Registration Year: 2021	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended									
<b>2</b>	Type of Committee (check one): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Political Party</td> <td><input type="checkbox"/> Political Action Committee</td> <td><input type="checkbox"/> Statewide Referendum</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Independent Committee</td> <td><input type="checkbox"/> Constitutional Amendment</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Recall Committee (Provide information below)</td> <td><input checked="" type="checkbox"/> County or Municipal Ballot Question</td> </tr> </table> _____ Public Officer  _____ Office Held  _____ Year Of Last Election			<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Action Committee	<input type="checkbox"/> Statewide Referendum	<input type="checkbox"/> Individual	<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Constitutional Amendment	<input type="checkbox"/> Corporation	<input type="checkbox"/> Recall Committee (Provide information below)	<input checked="" type="checkbox"/> County or Municipal Ballot Question
<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Action Committee	<input type="checkbox"/> Statewide Referendum										
<input type="checkbox"/> Individual	<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Constitutional Amendment										
<input type="checkbox"/> Corporation	<input type="checkbox"/> Recall Committee (Provide information below)	<input checked="" type="checkbox"/> County or Municipal Ballot Question										
<b>3</b>	Committee (Full Name): <u>Improve Columbus, LLC</u> Address: <u>PO Box 2532</u> City, State, Zip: <u>Columbus, GA 31902</u> Telephone Number (optional): _____ Email: _____											
<b>4</b>	Committee Affiliation (if any): _____											
<b>5</b>	Chairperson (full name): <u>Mathews D. Swift</u> Address: <u>PO Box 2532</u> City, State, Zip: <u>Columbus, GA 31902</u> Email : <u>matswift1@gmail.com</u>											
<b>6</b>	Treasurer (full name): <u>Charles D. Johnson</u> Address: <u>PO Box 4299</u> City, State, Zip: <u>Columbus, GA 31914</u> Email : <u>cjohnson@robinsongrimes.com</u>											

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

*Charles D. Johnson*

Signature of Person Registering Committee

9/23/2021

Date