


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: 03/19/2014	Select Form Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): <u>JOHN F. THOMAS FOR SCHOOL BOARD</u> Address: <u>1 AUDUBON CT</u> City, State, Zip: <u>COLUMBUS, GA 31909</u> Telephone Number (optional): <u>(706)568-4278</u> Email: <u>jfthomas54@yahoo.com</u>	
3	Campaign Committee Chairperson (full name): <u>JEFFERY NEAL SEYMOUR</u> Address: <u>6108 HEARTHSTONE CT</u> City, State, Zip: <u>COLUMBUS, GA 31909</u> Email: <u>seymour-jeffery@columbusstate.edu</u>	
4	Treasurer (full name): <u>ROBERT ALAN MITCHELL</u> Address: <u>2489 SUNSET DR NE</u> City, State, Zip: <u>ATLANTA, GA 30345</u> Email: <u>robert.mitchell.cpa@gmail.com</u>	
5	Candidate (full name): <u>JOHN FRANKLIN THOMAS</u> Address: <u>1 AUDUBON CT</u> City, State, Zip: <u>COLUMBUS, GA 31909</u> Email: <u>jfthomas54@yahoo.com</u>	
6	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>SCHOOL BOARD DISTRICT 2</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
7	Incumbent: <u>JOHN WELLS</u>	Next Election Year: <u>2018</u> <u>2014</u>

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


 Signature of Person Registering Committee

3/19/2014
 Date