



Georgia Government Transparency and Campaign Finance Commission
REGISTRATION FORM FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE

Any substantive changes to the registration information of a committee must be updated within 7 business days.

Form RC

1	Today's Date: <u>8/30/2013</u>	Original
2	Committee (Full Name): <u>Kia Chambers for School Board</u> Address: <u>5656 Veterans Parkway</u> City, State, Zip: <u>Columbus, GA 31904</u> Telephone Number (Optional): _____ E-Mail: <u>kiaforschoolboard@gmail.com</u>	
3	Campaign Committee Chairperson (Full Name): <u>J. Robert Jones</u> Address: <u>4890 Champions Way</u> City, State, Zip: <u>Columbus, GA 31909</u> E-Mail: _____	
4	Treasurer (Full Name): <u>Stacy Faison</u> Address: <u>269 Kodiak Drive</u> City, State, Zip: <u>Fortson, GA 31808</u> E-Mail: <u>stacyfaison@bellsouth.net</u>	
5	Candidate (Full Name): <u>Kia Latrice Chambers</u> Address: <u>9448 Midland Woods Drive</u> City, State, Zip: <u>Midland, GA 31820</u> Telephone Number (Optional): _____ E-Mail: _____	
6	Select Office Type: <u>Municipal</u> Name of Office Sought: <u>School Board At Large</u> (include district, post or judicial circuit, if applicable)	Party Affiliation (Optional): <u>Non Partisan</u>
7	Incumbent Name: <u>Cathy Williams</u>	Election Year: <u>2014</u>
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE. <div style="display: flex; justify-content: space-between;"> <div data-bbox="175 1906 980 1944"> _____ Signature of Person Registering Committee </div> <div data-bbox="1133 1864 1333 1944"> <u>8/30/2013</u> Date </div> </div>		



Georgia Government Transparency and Campaign Finance Commission
DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
Form DOI

1	Today's Date: <u>8/1/2013</u>	
2	Candidate (Full Name): <u>Kia Latrèce Chambers</u> Address: <u>9448 Midland Woods Drive</u> City, State, Zip: <u>Midland, GA 31820</u> Telephone Number (Optional): _____ E-Mail: _____	
3	Select Office Type: <u>County</u> <input checked="" type="checkbox"/> Name of Office Sought: <u>School Board At Large</u> (include district, post or judicial circuit, if applicable)	Party Affiliation (Optional): <u>Select Affiliation (Optional)</u>
4	Incumbent Name: <u>Cathy Williams</u>	Election Year: <u>2014</u>

Complete additional information below 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): _____ Address: _____ City, State, Zip: _____ E-Mail: _____
6	Treasurer (Full Name): _____ Address: _____ City, State, Zip: _____ E-Mail: _____

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

Signature of Candidate

8/1/2013

Date



CCDR & FD Electronic Filing Access Code

CANDIDATES / OFFICE HOLDERS ONLY

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue
Suite 1402 - West Tower
Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

Candidate/Office Holder's Identification - Please Print

Application Status Original Year of Election: 2014

Name of Candidate or Office Holder Kia Latrice Chambers

Office Sought or Held School Board At Large

Address 9448 Midland Woods Drive

City, State Zip Midland, GA 31820

Contact Phone _____ Alternate Phone _____

Email Address kiaforschoolboard@gmail.com

KLK
Initial

I understand that with the filing of this application a password (PIN) for **both** the Personal Financial Disclosure Statement (FD) and the Campaign Contribution Disclosure Report (CCDR) will be sent to my above email address.

I understand this confidential PIN is assigned to the above Candidate/Office Holder and only the State Ethics Commission staff and the listed filer will have access to this confidential number.

Verification - Must Be Notarized

State of Georgia, County of Muscogee.

FILER: I, the undersigned Candidate/Office Holder do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF CANDIDATE/OFFICE HOLDER: _____

NOTARY PUBLIC (sign name): _____

PRINT NOTARY'S NAME: _____

My Commission expires: _____

This document was sworn to or affirmed and subscribed before me on _____, 20

For Office Use Only

CCDR FilerID:

FD FilerID:

Approved By _____ Date _____