

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: 6 March 2014 ⁰⁷⁰ <u>20 Feb '14</u>	Select Form Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): <u>Ditchfield for School Board</u> Address: <u>P.O. Box 3462</u> _____ City, State, Zip: <u>Columbus, GA 31903</u> Telephone Number (optional): <u>706-687-2860</u> Email: <u>owenditchfield@att.net</u>	
3	Campaign Committee Chairperson (full name): <u>Dr. Ronald Hudson</u> Address: <u>Columbus Clinic 610 19th St.</u> _____ City, State, Zip: <u>Columbus, GA, 31901</u> Email: <u>r.hudsonmd@gmail.com</u>	
4	Treasurer (full name): <u>Brian Edward Ditchfield</u> Address: <u>6378 Blanchard Ct.</u> _____ City, State, Zip: <u>Columbus, GA 31909</u> Email: <u>bditchfield@gmail.com</u>	
5	Candidate (full name): <u>Owen Thomas Ditchfield</u> Address: <u>P.O. Box 3232 (1801 Dee Ave)</u> _____ City, State, Zip: <u>Columbus, GA 31903</u> Email: <u>owenditchfield@att.net</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 at large</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>Cathy Williams</u>	Next Election Year: <u>2014</u>

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

Owen Ditchfield

Signature of Person Registering Committee

6 March '14

Date