

**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.**

<b>1</b>	Today's Date:	Select Form Type: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amended
<b>2</b>	Committee (Full Name): Address:  City, State, Zip: Telephone Number (optional):	<u>Campaign to elect Xavier Marquis McCaskey Ph.D District 7</u> <u>1501 13th St STE X</u> <u>Columbus, GA 31901</u> <u>7065367287</u> Email: <u>XMcCaskey@gmail.com</u>
<b>3</b>	Campaign Committee Chairperson (full name): Address:  City, State, Zip:	<u>Robert Forbes Howe</u> <u>1561 Tremont Rd</u> <u>Cordele, GA 31015</u> Email: <u>RobHowe1991@gmail.com</u>
<b>4</b>	Treasurer (full name): Address:  City, State, Zip:	<u>Robert Forbes Howe</u> <u>1561 Tremont Rd</u> <u>Cordele, GA 31015</u> Email: <u>RobHowe1991@gmail.com</u>
<b>5</b>	Candidate (full name): Address:  City, State, Zip:	<u>Dr. Xavier Marquis McCaskey</u> <u>2067 North Andrews circle # B</u> <u>Col, GA 31903</u> Email: <u>XMcCaskey@gmail.com</u>
<b>6</b>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <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
<b>7</b>	Incumbent:	Next Election Year:

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

Xavier M. McCaskey  
Signature of Person Registering Committee

03-06-2014  
Date