

# 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 type="checkbox"/> Amended
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<b>2</b>	Committee (Full Name): _____  Address: _____ _____  City, State, Zip: _____  Telephone Number (optional): _____ Email: _____
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<b>3</b>	Campaign Committee Chairperson (full name): _____  Address: _____ _____  City, State, Zip: _____ Email : _____
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<b>4</b>	Treasurer (full name): _____  Address: _____ _____  City, State, Zip: _____ Email : _____
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<b>5</b>	Candidate (full name): _____  Address: _____ _____  City, State, Zip: _____ Email : _____
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<b>6</b>	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal  Name of Office Sought or Held: _____ <span style="font-size: small;">(include district, post, or judicial circuit if applicable)</span>	Party Affiliation (optional):  <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
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<b>7</b>	Incumbent: _____	Next Election Year: _____
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

\_\_\_\_\_ \_\_\_\_\_  
Signature of Person Registering Committee Date