

**CCDR & PFD Electronic Filing Access Code**  
**CANDIDATE/ PUBLIC OFFICIALS OR OFFICERS ONLY**  
Georgia Government Transparency and Campaign Finance Commission  
200 Piedmont Ave S.E.  
Suite 1402 – West Tower  
Atlanta, GA 30334

**PERSONAL IDENTIFICATION NUMBER APPLICATION**  
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

**Candidate/ Office Holder's identification – Please Print**

Select Form Type:       Original                       Amended                      Next Year of Election: \_\_\_\_\_

Name of Public Official  
Or Candidate \_\_\_\_\_

Office Sought or Held \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Initial

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

*I understand these confidential PINs are assigned to the above Candidate/Officer Holder and only the Commission staff and the listed filer will have access to this confidential number.*

**Verification – Must Be Notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_

**FILER:** I, the undersigned Candidate/ Public Official 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 PUBLIC OFFICIAL/CANDIDATE \_\_\_\_\_

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 Filer ID

FD Filer ID

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_