

# CCDR Electronic Filing Access Code

## OTHER THAN A CANDIDATE COMMITTEE

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.

#### Non Candidate Committee's Identification Please Print

Select Form Type:       Original                       Amended

Committee Name \_\_\_\_\_

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

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

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

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

Initial

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

*I understand this confidential PIN number assigned to the above Non Candidate Committee 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 filer 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 FILER \_\_\_\_\_

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

Filer ID

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