

PERSONAL FINANCIAL DISCLOSURE
ELECTRONIC FILING ACCESS CODE

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.

FILER S IDENTIFICATION PLEASE PRINT

Select Form Type: [] Original [] Amended Next Year of Election: _____

Filers Name: _____

Address: _____

City, State, Zip: _____

Telephone _____ Telephone: _____

Email Address: _____

Name of Public Office Held or Sought/Authority/Board _____

[]

Initial

I understand that with the filing of this application a password (PIN) for the Personal Financial Disclosure Statement/Affidavit of a Public Officer will be sent to my above email address.

I understand this confidential PIN number assigned to the above filer and only the Commission staff and the listed filer will have access to this confidential number.

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 FILER: _____

NOTARY PUBLIC (SIGN NAME): _____

PRINT NOTARY'S NAME: _____

My Commission Expires: _____

This document was sworn to or affirmed and subscribed before me on _____

For Office Use Only

Filer ID []

Approved By: _____ Date _____

