Filer ID: _____

Georgia Government Transparency & Campaign Finance Commission

REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S

FORM RO

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1

Today's Date: | Registration Year: | ☐ Original ☐ Amended

2

Type of Committee (check one):

☐ Political Party
☐ Individual
☐ Corporation
☐ Political Action Committee
☐ Independent Committee
☐ Recall Committee
(Provide information below)

_____
Public Officer

_____
Office Held

_____
Year Of Last Election

☐ Statewide Referendum
☐ Constitutional Amendment
☐ County or Municipal Ballot Question

3

Committee (Full Name): _____

Address: _____

City, State, Zip: _____

Telephone Number (optional): _____ Email: _____

4

Committee Affiliation (if any):

5

Chairperson (full name): _____

Address: _____

City, State, Zip: _____ Email : _____

6

Treasurer (full name): _____

Address: _____

City, State, Zip: _____ Email : _____

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

_____ _____

Signature of Person Registering Committee | Date

MAIL TO: Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334