

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 _____