

# 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 \_\_\_\_\_