



**Georgia Government Transparency & Campaign Finance Commission**  
 200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

**REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE (FORM RC)**

Any substantive changes to the registration information of a committee must be updated within 7 business days

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

<b>1</b>	Today's Date: _____	Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended
<b>2</b>	Committee (Full Name): _____  Address: _____  City, State, Zip: _____  Telephone Number (optional): _____ Email: _____	
<b>3</b>	Campaign Committee Chairperson (full name): _____  Address: _____  City, State, Zip: _____ Email : _____	
<b>4</b>	Treasurer (full name): _____  Address: _____  City, State, Zip: _____ Email : _____	
<b>5</b>	Candidate (full name): _____  Address: _____  City, State, Zip: _____ Email : _____	
<b>6</b>	Select Office Type: <input type="checkbox"/> Statewide <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal  Name of Office Sought or Held: _____ (include district, post, or judicial circuit if applicable)	Party Affiliation (optional):  <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other

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

\_\_\_\_\_  
Signature of Person Registering Committee

\_\_\_\_\_  
Date