



Georgia Government Transparency and Campaign Finance Commission REGISTRATION FORM FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE

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

Form RC

1	Today's Date:		
2	Committee (Full Name):		
	Address:		
	City, State, Zip:		
	Telephone Number (Optional):		E-Mail:
3	Campaign Committee Chairperson (Full Name):		
	Address:		
	City, State, Zip:		E-Mail:
4	Treasurer (Full Name):		
	Address :		
	City, State, Zip:		E-Mail:
5	Candidate (Full Name):		
	Address:		
	City, State, Zip:		
	Telephone Number (Optional):		E-Mail:
6	Select Office Type: 	Party Affiliation (Optional):	
	Name of Office Sought: (include district, post or judicial circuit, if applicable)		
7	Incumbent Name:	Election Year:	

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

Signature of Person Registering Committee

Date