



Georgia Government Transparency and Campaign Finance Commission

FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE - NAME CHANGE

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

1	Today's Date: _____	
2	Filer ID: _____ Previous Committee Name: _____ New Committee Name: _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ E-Mail _____	
3	Campaign Committee Chairperson (Full Name): _____ Address: _____ City, State, Zip: _____ E-Mail _____	
4	Campaign Committee 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: _____ Name of Office Sought: _____ (include district, post or judicial circuit, if applicable)	Party Affiliation (Optional): _____
7	Incumbent Name: _____	Election Year: _____
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.		
_____ Signature of Person Registering Committee		_____ Date