



# CCDR & FD Electronic Filing Access Code

## CANDIDATES / OFFICE HOLDERS ONLY

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue  
 Suite 1402 - West Tower  
 Atlanta, GA 30334

### PERSONAL IDENTIFICATION NUMBER APPLICATION

#### Candidate/Office Holder's Identification - Please Print

Application Status \_\_\_\_\_ Year of Election: \_\_\_\_\_

Name of Candidate or Office Holder \_\_\_\_\_

Office Sought or Held \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Initial

I understand that with the filing of this application a password (PIN) for **both** the Personal Financial Disclosure Statement (FD) and the Campaign Contribution Disclosure Report (CCDR) will be sent to my above email address.

*I understand this confidential PIN is assigned to the above Candidate/Office Holder and only the State Ethics 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 Candidate/Office Holder 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 CANDIDATE/OFFICE HOLDER: \_\_\_\_\_

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

CCDR FilerID:

FD FilerID:

Approved By \_\_\_\_\_ Date \_\_\_\_\_