



CCDR Electronic Filing Access Code

CANDIDATES / PUBLIC OFFICIALS ONLY

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue

Suite 1402 - West Tower

Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

(** All Fields must be completed and legible in order to process application **)

Candidate's Public Official's Identification - Please Print

Application Status _____	Year of Election: _____
Name of Public Official or Candidate _____	
Office Sought or Held _____	
Address _____	
City, State Zip _____	
Contact Phone _____	Alternate Phone _____
Email Address _____	

I understand this confidential PIN number is assigned to the above Candidate 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/Public Officer 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 _____, 20____

For Office Use Only

FilerID:

Approved By _____ Date _____