



Georgia Government Transparency and Campaign Finance Commission COMMITTEE NAME CHANGE FORM FOR A COMMITTEE OTHER THAN CANDIDATES Form RO

1	Today's Date: _____	Registration Year: _____	Select Form Status
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2	Type of Committee (Check One): <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Political Party</td> <td style="width:33%;">Political Action Committee</td> <td style="width:33%;">Statewide Referendum</td> </tr> <tr> <td>Individual</td> <td>Independent Committee</td> <td>Constitutional Amendment</td> </tr> <tr> <td>Corporation</td> <td>Recall Committee (Provide information below)</td> <td>County or Municipal Ballot Question</td> </tr> </table> Public Officer: _____ Office Held: _____ Election Year: _____			Political Party	Political Action Committee	Statewide Referendum	Individual	Independent Committee	Constitutional Amendment	Corporation	Recall Committee (Provide information below)	County or Municipal Ballot Question
Political Party	Political Action Committee	Statewide Referendum										
Individual	Independent Committee	Constitutional Amendment										
Corporation	Recall Committee (Provide information below)	County or Municipal Ballot Question										

3	Committee (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____ Telephone Number (Optional): _____ Email: _____		
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4	Committee Affiliation (if any): _____		
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5	Chairperson (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____ Email: _____		
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6	Treasurer (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____ Email: _____		
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.

_____	_____
Signature of Person Registering Committee	Date