



Georgia Government Transparency & Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

REGISTRATION FORM FOR A CANDIDATE CAMPAIGN COMMITTEE (FORM RC) – COUNTY/MUNICIPAL LEVEL FILERS

Any substantive changes to the registration information of a committee must be updated within 7 business days
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

ALL LOCAL LEVEL CANDIDATES & ELECTED OFFICIALS: File this form directly with the Campaign Finance Commission via mail or hand-delivery

1	Today's Date: _____	Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended
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2	Committee (Full Name): _____ Address: _____ _____ City, State, Zip: _____ Telephone Number (optional): _____ Email: _____
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3	Campaign Committee Chairperson (full name): _____ Address: _____ _____ City, State, Zip: _____ Email : _____
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4	Treasurer (full name): _____ Address: _____ _____ City, State, Zip: _____ Email : _____
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5	Candidate (full name): _____ Address: _____ _____ City, State, Zip: _____ Email : _____
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6	Name County/City: _____ Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Signature of Person Registering Committee

Date