



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
----------	---------------------	--

2	Committee (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (optional): _____ Email: _____
----------	--

3	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email : _____
----------	--

4	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email : _____
----------	---

5	Candidate (full name): _____ Address: _____ City, State, Zip: _____ Email : _____
----------	---

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
----------	---	--	--

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Signature of Person Registering Committee

Date