



Georgia Government Transparency & Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S (FORM RO)

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1	Today's Date: _____	Registration Year: _____	<input type="checkbox"/> Original <input type="checkbox"/> Amended
2	Type of Committee: _____ Recall Committee Information Below <div style="display: flex; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;"> Public Officer _____ Office Held _____ Year Of Last Election _____ </div> <div style="flex: 2; border: 1px solid black; height: 100px; margin-left: 5px;"></div> </div>		
3	Committee (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (optional): _____ Email: _____		
4	Committee Affiliation (if any): _____		
5	Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email: _____		
6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____		
<p align="center">I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> R Mansell McCord _____ Signature of Person Registering Committee </div> <div style="width: 35%; text-align: right;"> _____ Date </div> </div>			

STATEWIDE/STATE LEVEL FILERS: File with Campaign Finance Commission
 COUNTY/MUNICIPAL: File with Local Filing Officer
 LOCAL FILING OFFICERS: eFax 1-866-914-7974 or eMail localreports@ethics.ga.gov