SEC Form RCNC Rev 2/10/09

State Ethics Commission - Committee Name Change Form

FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE

Any substantive changes to the registration information of a committee must be updated within 7 business days.

1 Today's Date: _____

2

Filer ID: _____

Previous Committee Name: _____

New Committee Name: _____

Address: _____

City, State, Zip: _____

Telephone Number (Optional): _____ and/or _____

3

Campaign Committee Chairperson (Full Name): _____

Address: _____

City, State, Zip: _____

4

Campaign Committee Treasurer (Full Name): _____

Address : _____

City, State, Zip: _____

5

Candidate (Full Name): _____

Address: _____

City, State, Zip: _____

Telephone Number (Optional): _____ and/or _____

6

Name of Office Sought (include district, post or judicial circuit, if applicable)

State: _____

County: _____

Municipal: _____

Party Affiliation (Optional):

- ☐ Democrat
- ☐ Republican
- ☐ Non Partisan
- ☐ Other _____

7 Incumbent Name:

Election Year:

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

_____ Signature of Person Registering Committee

_____ Date

MAIL TO : STATE ETHICS COMMISSION 200 PIEDMONT AVE SUITE 1416 - WEST TOWER ATLANTA, GEORGIA 30334