Filer ID: _____

State Ethics Commission

REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S

Form RO

1

Today's Date: | Registration Year: | ☐ Original ☐ Amendment

2

Type of Committee (Check One):

☐ Political Party ☐ Political Action Committee ☐ Statewide Referendum

☐ Individual ☐ Independent Committee ☐ Constitutional Amendment

☐ Recall Committee (Provide information below) ☐ County or Municipal Ballot Question

Public Officer: _____

Office Held: _____

Election Year: _____

3

Committee (Full Name): _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Telephone Number (Optional): _____ and/or _____

4

Committee Affiliation (if any):

5

Chairperson (Full Name): _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

6

Treasurer (Full Name): _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

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