SEC Form RONC Rev 2/10/09

State Ethics Commission - Committee Name Change Form

FOR A CAMPAIGN COMMITTEE FOR USE BY OTHER THAN CANDIDATE

1

Today's Date: | Registration Year:

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

Filer ID: _____

Previous Committee Name: _____

New Committee 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