

Georgia Government Transparency & Campaign Finance Commission
REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE

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

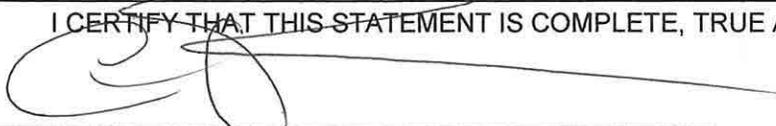
FORM RC

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

RECEIVED
Fulton County

1	Today's Date: October 16, 2014	Select Form Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	
2	Committee (Full Name): Address: City, State, Zip: Telephone Number (optional): _____ Email: _____	Charles Rambo for Fulton County Sheriff 100 Hartsfield Centre Parkway, Suite 500 Atlanta, GA 30354 committee@mysherifframbo.com	OCT 16 REC'D Director of Registration and Elections
3	Campaign Committee Chairperson (full name): Address: City, State, Zip: _____ Email : _____	TBA	
4	Treasurer (full name): Address: City, State, Zip: _____ Email : _____	Terrance Ross 3765 The Great Drive Atlanta, GA committee@mysherifframbo.com	
5	Candidate (full name): Address: City, State, Zip: _____ Email : _____	Charles D. Rambo 2712 Wolf Lake Drive Atlanta, GA committee@mysherifframbo.com	
6	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: Sheriff <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other	
7	Incumbent: Theodore Jackson	Next Election Year:	

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



10/16/14

Signature of Person Registering Committee

Date