

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

RECEIVED

Fulton County

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

1	Today's Date: January 26, 2015	Select Form Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): Address: City, State, Zip: Telephone Number (optional):	Friends of Walter Munzi Calloway P. O. Box 110003 Atlanta, GA 30311 404-914-0838 Email: munzical623@hotmail.com
3	Campaign Committee Chairperson (full name): Address: City, State, Zip:	Chris Bennett 2743 Jacanar Lane Atlanta, GA 30331 Email: munzical623@hotmail.com
4	Treasurer (full name): Address: City, State, Zip:	Danikas Todd 11 Delmoor Dr NW Atlanta, GA 30311 Email: dltodd@att.net
5	Candidate (full name): Address: City, State, Zip:	Walter Munzi Calloway 3033 Tribbe Ln NW Atlanta, GA 30311 Email: munzical623@hotmail.com
6	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Fulton County Sheriff</u> (include district, post, or judicial circuit if applicable)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
7	Incumbent: <u>Ted Jackson</u>	Next Election Year: <u>2016</u>

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



Signature of Person Registering Committee

January 6, 2015

Date