

RECEIVED  
Fulton County  
FEB 28 2014

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

Director of Registrations  
And Elections

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

1	Today's Date:	Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): Address: City, State, Zip: Telephone Number (optional):	Committee to Elect ABRAHAM WATSON P.O. Box 674 RED OAK, GEORGIA 30272 404. 916. 4799 Email: change.fulton.now@gmail.com
3	Campaign Committee Chairperson (full name): Address: City, State, Zip:	ABRAHAM WATSON P.O. Box 674 RED OAK, GA 30272 Email: change.fulton.now@gmail.com
4	Treasurer (full name): Address: City, State, Zip:	Ty WATSON P.O. Box 674 RED OAK, GA 30272 Email: change.fulton.now@gmail.com
5	Candidate (full name): Address: City, State, Zip:	ABRAHAM WATSON P.O. Box 674 RED OAK, GA 30272 Email: change.fulton.now@gmail.com
6	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <sup>At-Large</sup> Fulton County Commission Dist 7 (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: WILLIAM EDWARDS	Next Election Year:

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



2.28.2014

Signature of Person Registering Committee

Date