

CITY OF ATLANTA

FORIS WEBB III, CMC
MUNICIPAL CLERK
ELECTION SUPERINTENDENT



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OFFICE OF MUNICIPAL CLERK

Campaign & Financial Disclosure Easy File Access Application

Candidate/Office Holder Identification – Please Print

All Fields Required

Original Amendment

No Government Address, Phone or E-mail Allowed

Legal Name of Public Official or Candidate: _____

Office Held or Sought: _____ Voting Precinct _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Alternate Phone: _____

Email Address: _____

Candidate/Office Holder Acknowledgements

By initialing here, I acknowledge that I have read and understand that, pursuant to O.C.G.A. § 21-5-34.1(e), the filing of any campaign contribution disclosure report required under this article shall constitute an affirmation that the report is true, complete, and correct.

By initialing here, I acknowledge that I have read and understand that, pursuant to O.C.G.A. § 21-5-50(e), the filing of any financial disclosure statement required under this article shall constitute an affirmation that the report is true, complete, and correct.

By initialing here, I acknowledge that by selecting the "E-Sign and Submit" button I am signing all submissions and disclosures filed on the City of Atlanta Campaign and Financial Disclosure Easy File System. I agree that my electronic signature is the legal equivalent of my manual signature for any and all submissions and disclosures now and hereafter filed on this system. Further, I swear and hereby affirm that the information I submit electronically is true and correct to the best of my knowledge and belief.

Notarization Required

State of _____, County of _____

I, the undersigned Candidate/Public Official do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief.

Signature of Public Official/Candidate _____

This document was sworn to or affirmed and subscribed before me on this _____ day of _____, 20_____

Notary Signature: _____

Printed Name of Notary: _____

My Commission Expires: _____