

**CHOOSING OPTION OF
SEPARATE ACCOUNTING**

Date this form is filed: _____

Candidate or Candidate's Committee (Full Name):

Address: _____

Telephone Number(s): () _____

Signature of Person choosing separate accounting option:

Printed Name of Person choosing separate accounting option:

Authority of Signer (Candidate, Treasurer, Chairman):

Name of Office Sought: _____

Year Office Election will be held: _____

SIGNER UNDERSTANDS THAT THIS CARD SHOULD BE FILED
ONLY IF CONTRIBUTIONS ARE TO BE ACCEPTED FOR MORE
THAN ONE ELECTION AT A TIME. SIGNER UNDERSTANDS THAT
IF SEPARATE ACCOUNTING IS CHOSEN A SEPARATE BANK
ACCOUNT MAY BE OPENED FOR EACH ELECTION.

MAIL TO:
STATE ETHICS COMMISSION
200 PIEDMONT AVE
STE 1416 - WEST TOWER
ATLANTA, GEORGIA 30334