Today's Date:

☐ Political Party

Individual

Committee (Full Name):

Address:

City, State, Zip:

Telephone Number (optional):
Committee Affiliation (if any):

Corporation

Type of Committee (check one):

compliance@workingfamilies.org

□ Original

Statewide Referendum

□ Amended

I

☐ Independent Committee ☐ Recall Committee ☐ (Provide information below) ☐ Public Officer ☐ Office Held ☐ Year Of Last Election ☐ Constitutional Amendment ☐ County or Municipal Ballot Question ☐ County or Municipal Ballot Question

Email:

Georgia Government Transparency & Campaign Finance Commission 200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S (FORM RO)
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

Registration Year:

Political Action Committee

5	Chairperson (full name):	Dale Wiehoff	
	Address:	1 MetroTech, 11th Floor	
	City, State, Zip:	Brooklyn, NY 11201	_ Email :ompliance@workingfamilies.org
6	Treasurer (full name):	Mike Boland	
	Address:	1 MetroTech, 11th Floor	
	City, State, Zip:	Brooklyn, NY 11201	Email :Email :

Working Families Organization, Inc.

1 MetroTech, 11th Floor

Brooklyn, NY 11201

(718) 222-3796

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

Signature of Person Registering Committee

March 11, 2019

Date