




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.

1	Today's Date:	Registration Year: 2020	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended
2	Type of Committee (check one):		
	<input type="checkbox"/> Political Party	<input checked="" type="checkbox"/> Political Action Committee	<input type="checkbox"/> Statewide Referendum
	<input type="checkbox"/> Individual	<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Constitutional Amendment
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Recall Committee (Provide information below)	<input type="checkbox"/> County or Municipal Ballot Question
		Public Officer _____	
		Office Held _____	
		Year Of Last Election _____	
3	Committee (Full Name):	2022-2027 Education SPLOST Renewal Committee	
	Address:	P. O. Box 492139	
	City, State, Zip:	Lawrenceville GA 30049-0036	
	Telephone Number (optional):	Email: _____	
4	Committee Affiliation (if any):		
5	Chairperson (full name):	Sean Murphy	
	Address:	3316 Bagley Passage	
	City, State, Zip:	Duluth GA 30097-3789	Email : seanmurphy295@gmail.com
6	Treasurer (full name):	Norwood Davis	
	Address:	288 Old Commons Ct.	
	City, State, Zip:	Norcross GA 30071	Email : norwood.davis@gmail.com
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			
 _____ Signature of Person Registering Committee			22 JUNE 2020 _____ Date