

## City of Rincon Special Election

- The qualifying period to fill the vacated Mayor's seat shall be on City Hall, July 31, 2024 and August 1, 2024, from 8:30 A.M. until 4:30 P.M., and on August 2, 2024, from 8:30 A.M. until 2:00 P.M. The term of said vacated seat shall expire on December 31, 2025.
- The qualifying fee shall be \$126.00 per qualifying candidate.

The forms below are included in this qualifying packet. Those with red text indicate they need to be filed when you qualify or shortly after. Any others can be filed later or may not be needed at all.

- Notice of Candidacy and Affidavit (*submit when qualifying*)
- Declaration of Intention to Accept Campaign Contributions Form (Form DOI) (*submit when qualifying*)
- Registration Form for a Candidate's Campaign Committee (Form RC)
- Affidavit of a Candidate's Intent Not to Exceed \$2,500 in Contributions and/or Expenditures (*submit when qualifying, if applicable*)
- Campaign Contribution Disclosure Report (CCDR)
- Personal Financial Disclosure Statement (PFD) (*incumbents submit within 15 days of qualifying*)
- Two Business Days Report of Contributions Received (TBD)
- Campaign Contribution Disclosure Final Report & Termination Statement

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Signature

Date

TO: \_\_\_\_\_  
Superintendent of Elections  
of \_\_\_\_\_ County/Municipality  
State of Georgia

**NOTICE OF CANDIDACY AND AFFIDAVIT  
(COUNTY/MUNICIPALITY)**

I, the undersigned, being first duly sworn on oath, do depose and say: my name is \_\_\_\_\_  
\_\_\_\_\_;

my residence address is \_\_\_\_\_  
(Street Number) (Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

my post office address is \_\_\_\_\_;

my telephone number is \_\_\_\_\_  
(Business) (Home)

my profession, business, or occupation (if any) is \_\_\_\_\_;

the name of my precinct is \_\_\_\_\_, I am an elector of the county/municipality of my  
residence eligible to vote in the election in which I am a candidate; the name of the office I am seeking is

\_\_\_\_\_; my date of birth is \_\_\_\_\_; I have been a legal resident  
(Circuit, District, or Post if Applicable)  
of the State of Georgia for \_\_\_\_\_ consecutive years; I have been a legal resident of \_\_\_\_\_ county for  
\_\_\_\_\_ consecutive years; I have been a legal resident of my district (if applicable) for \_\_\_\_\_ consecutive years;

I have been a legal resident of my circuit (if applicable) for \_\_\_\_\_ consecutive years; I am a citizen of the United States,

I am eligible to hold such office; that I am a candidate for such office in the \_\_\_\_\_ to be held on the  
(Election)  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_;

I have never been convicted and sentenced in any court of competent jurisdiction for fraudulent violation of primary or election laws, malfeasance in office, or felony involving moral turpitude or conviction of domestic violence under the laws of this State, any other State, or of the United States, or, if so convicted that my civil rights have been restored; and at least ten years have elapsed from the date of completion of the sentence without subsequent conviction of another felony involving moral turpitude; I am not a defaulter for any federal, state, county, municipal, or school system taxes required of such officeholder or candidate if such person has been finally adjudicated by a court of competent jurisdiction to owe those taxes, but such ineligibility may be removed at any time by full payment thereof, or by making payments to the tax authority pursuant to a payment plan, or under such other conditions as the General Assembly may provide by general law (pursuant to Ga. Const. Art. II, Sec. II, paragraph III); I will not knowingly violate any provisions of the Georgia Election Code (O.C.G.A. § 21-2) or of the rules or regulations adopted thereunder.

I understand that any false statement knowingly made by me in this Notice of Candidacy and Affidavit will subject me to criminal penalties as provided by law and I hereby request you to cause my name to be placed on the ballots to be used in such election as a candidate for the office I am seeking.

\_\_\_\_\_  
(Signature of Candidate)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_

(Required by Ga. Election Code O.C.G.A. § 21.2.132.)

I desire that my name appear on the ballot as follows  
(the surname of the candidate shall be as it appears  
on the candidate's voter registration card):

Should I be elected, I desire that my name appear on official  
documents as follows:

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

(over)

Check only one

1.  I am running in a special election for a partisan office and my party affiliation is \_\_\_\_\_.
- I am running as a nonpartisan candidate.
- I am running as an independent candidate.
- I am the nominee of the \_\_\_\_\_ Party (Body) nominated by:
- Convention (Certified copy of the minutes of the convention attested by the Chairman and Secretary of the convention is being filed herewith),
- Other (Specify method of nomination and statute and party rule governing and allowing such method of nomination):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2.  I am required to file the above Notice followed by a nomination petition containing at least \_\_\_\_\_ valid signatures due \_\_\_\_\_.
- I am not required to submit a nomination petition pursuant to O.C.G.A. § 21-2-132, because I am:
- Running as a nonpartisan candidate.
- Running as an incumbent.
- Running in a special election.
- Running for a state-wide office nominated by a duly constituted political body convention.

3.  I hereby tender check/money order in the amount of \$ \_\_\_\_\_.
- NAME OF BANK: \_\_\_\_\_
- CHECK NUMBER: \_\_\_\_\_

In the event that a candidate pays his or her qualifying fee with a check that is subsequently returned for insufficient funds, the superintendent shall automatically find that such candidate has not met the qualifications for holding the office being sought, unless the bank, credit union, or other financial institution returning the check certifies in writing by an officer's or director's oath that the bank, credit union, or financial institution erred in returning the check as prescribed in O.C.G.A. § 21-2-6(d).

- I hereby file a Pauper's Affidavit, accompanied by a qualifying petition as prescribed in O.C.G.A. § 21-2-132(g), in lieu of paying the qualifying fee.

**NOTE: CANDIDATES FOR THE FOLLOWING OFFICES MUST FILE AN ADDITIONAL AFFIDAVIT IN ACCORDANCE WITH THE LISTED CODE SECTION AND MAY HAVE OTHER REQUIREMENTS IN ORDER TO BE QUALIFIED TO SEEK OFFICE. CANDIDATES SHOULD REVIEW THE QUALIFICATIONS FOR THE OFFICE FOR WHICH THEY OFFER FOR ELECTION CAREFULLY.**

CLERK OF SUPERIOR COURT	O.C.G.A. § 15-6-50(b)(2)
JUDGE OF THE PROBATE COURT	O.C.G.A. § 15-9-2(a)(2)
SHERIFF	O.C.G.A. § 15-16-1(c)(2)
CORONER	O.C.G.A. § 45-16-1(b)(2)
TAX RECEIVER	O.C.G.A. § 48-5-210(b)(2)
TAX COLLECTOR	O.C.G.A. § 48-5-210(b)(2)
TAX COMMISSIONER	O.C.G.A. § 48-5-210(b)(2)



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

**DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS (FORM DOI)**  
 INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

<b>1</b>	Today's Date: _____
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<b>2</b>	Candidate (full name): _____
	Address: _____
	City, State, Zip: _____
	Telephone (optional): _____ Email : _____

<b>3</b>	Select Office Type: <input type="checkbox"/> Statewide <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: _____ (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
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<b>4</b>	Next Election Year: _____
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**Complete sections 5 and 6 ONLY if you have a campaign committee.  
 This information does not register a campaign committee. (Please use Form RC to register.)**

<b>5</b>	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email : _____
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<b>6</b>	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email : _____
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**I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.**

\_\_\_\_\_ \_\_\_\_\_  
 Signature of Candidate Date



## CITY OF RINCON

302 South Columbia Ave. • P.O. Box 232  
Rincon, GA 31326  
Phone: (912) 826-5745

### Campaign signs in the Right of Way

Campaign signs are not allowed in the City right-of- way, on government property (City, County, State), or in the DOT right-of-way. In an effort to eliminate issues within this area, please place all campaign signs behind the line of the Georgia Power poles. In the past, we have realized that when these signs are placed in the right-of-way, it makes grass cutting for the City very difficult, and this is a violation of the City of Rincon sign ordinance. Please refrain from placing these signs in the right-of- way areas; however, if we see any signs in those areas, they will be removed and taken to our Utility Shop located at Prosperity Drive behind Lowes. If the signs are not picked up within 10 days they will be destroyed.

Campaign signs can be placed on private property with the permission of the property owner.

I \_\_\_\_\_ acknowledge that I have read and understand this information. I also agree that I will adhere to these guidelines as notated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## GRACE PERIODS, LATE FEES, CIVIL PENALTIES & WAIVERS

### GRACE PERIODS

There is NO grace period when filing a PFD.

### LATE FEES

- ◆ A late fee of \$125.00 shall be imposed for each PFD that is filed late.
- ◆ An additional fee of \$250.00 shall be imposed on the fifteenth day after the due date for such statement if such statement has not been filed.
- ◆ An additional fee of \$1,000.00 shall be imposed on the forty-fifth day after the due date for such statement if the statement has not been filed.

### CIVIL PENALTIES

*(Arising out of a complaint)*

- ◆ Not to exceed \$1,000.00 for each violation contained in any report.
- ◆ Not to exceed \$10,000.00 may be imposed for a second occurrence of a violation of the same provision.
- ◆ Not to exceed \$25,000.00 may be imposed for each third or subsequent occurrence of a violation of the same provision.

### WAIVERS

In imposing a civil penalty or late filing fee under this chapter, the commission may waive or suspend such penalty or fee if the imposition of such penalty or fee would impose an undue hardship on the person required to pay such penalty or fee. The commission may also waive or suspend a penalty or fee in the case of failure to file or late filing of a report if there are no items to be included in the report.

*Reference: O.C.G.A. § 21-5-6 (14) (c)(i)*

<http://ethics.ga.gov/wp-content/uploads/2012/04/Late-Fee-Handship-Waiver-Request-INSTRUCTIONS-AND->

[FORMS.pdf](#)



For more information, visit our website at  
[www.ethics.ga.gov](http://www.ethics.ga.gov)

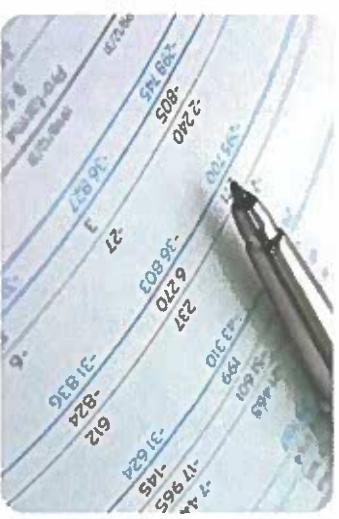
To attend a FREE Education Outreach Program  
Training Workshop or Webinar, visit  
[http://media.ethics.ga.gov/training/  
trainingSCHD.aspx](http://media.ethics.ga.gov/training/trainingSCHD.aspx)

Have additional questions? Contact us!

GEORGIA GOVERNMENT TRANSPARENCY  
& CAMPAIGN FINANCE COMMISSION

200 Piedmont Ave  
Suite 1402-West Tower  
Atlanta GA 30334  
404-463-1980 Phone  
404-463-0229 Fax  
1-866-589-7327 Toll Free  
GAethics@ethics.ga.gov  
[www.ethics.ga.gov](http://www.ethics.ga.gov)

## Helpful Hints For Filing Your Personal Financial Disclosure Statement



*A Guide For:*

ELECTED PUBLIC OFFICERS  
CANDIDATES FOR PUBLIC OFFICERS  
STATE TRANSPORTATION BOARD  
EXECUTIVE HEADS OF STATE AGENCIES

## DID YOU KNOW ?

◆ The Personal Financial Disclosure Statement (PFD) discloses information about your financial activity for the preceding year. (For example, if you are required to file by July 1, 2015, you will report the financial activity that occurred during calendar year 2014. This information must be provided even if you were not yet a state officer during the previous year.)

◆ "Public officer" means:

- (A) Every constitutional officer;
- (B) Every elected state official;
- (C) The executive head of every state department or agency, whether elected or appointed;
- (D) Each member of the General Assembly;
- (E) The executive director of each state board, commission, council or authority and the members thereof;
- (F) Every elected county official and every elected member of a local board of education; and
- (G) Every elected municipal official.

*Reference: O.C.G.A. § 21-5-3 (22)*

◆ Statewide candidates include: Governor, Attorney General, Commissioner of Agriculture, Commissioner of Insurance, Commissioner of Labor, Lieutenant Governor, Public Service Commission, Secretary of State, State School Superintendent, Justices of Supreme Court and Judges of Court of Appeals.

◆ State Level candidates include: Senators, Representatives, Judges of Superior Court and District Attorneys.

◆ **Electronic Filing of Reports (189-1-10):** Any and all reports required to be filed with the Commission shall be by electronic means, unless otherwise excepted by way of Commission vote. *Authority: O.C.G.A. § 21-5-6*

◆ To submit reports electronically, the Commission must receive a PFD Personal Identification Number Application.

### PERSONAL FINANCIAL DISCLOSURE STATEMENT FILING

A Public Officer shall file:

◆ NOT before January 1 NOR later than July 1 of each year in office (except the year of election.)

A Candidate for State Level Public Office shall eFile:

◆ NOT later than the fifteenth day on which the candidate qualifies.

A Candidate for Statewide Public Office shall eFile:

◆ NOT later than seven days after qualifying or filing a notice of candidacy. (Statewide candidates must disclose more information than other candidates for public office on the personal financial disclosure statement.)

*Reference: O.C.G.A. § 21-5-50 (a)(1)(2) & O.C.G.A. § 21-5-50 (c)(1)*

A State Transportation Board Member shall file:

◆ For the preceding calendar year NO later than the sixtieth day following such member's election to the State Transportation Board;

◆ By January 31 of each year a PFD for the preceding year.; and

◆ With the commission, prior to January 31 of each year, an affidavit confirming that such board member took no official action in the previous calendar year that had a material effect on such board member's private financial or business interests.

*Reference: O.C.G.A. § 21-5-50 (a) (4)*

### EXEMPTIONS

A public officer shall not, however, be required to file such a personal financial disclosure statement for the preceding calendar year in an election year if such public officer does not qualify for nomination for election to succeed himself or herself or for election to any other public office subject to this chapter. For purposes of this paragraph, a public officer shall not be deemed to hold office in a year in which the public officer holds office for fewer than 15 days.

*Reference: O.C.G.A. § 21-5-50 (a) (6)*

### INFORMATION TO BE REPORTED

The PFD shall identify:

- ◆ Each monetary fee received;
- ◆ All fiduciary positions;
- ◆ Direct ownership interests in business entity which is more than 5% of the total interests in such business, or has a net fair market value of \$5,000.00 or more;
- ◆ Direct ownership interests in real property which is more than 5% of the total interests in such business, or has a net fair market value of \$5,000.00 or more;
- ◆ Spouse's direct ownership interests in real property which is more than 5% of the total interests in such business, or has a net fair market value of \$5,000.00 or more;
- ◆ Filer's employment and family members information;
- ◆ Filer's investment interests;
- ◆ Known business or investment interests of spouse and dependent children; and
- ◆ Annual payments received by a public officer or business entity from the State of Georgia in excess of \$10,000.00 per calendar year.

*Reference: O.C.G.A. § 21-5-50 (b)*

If running for a statewide position, the following is required to be reported for the preceding 5 calendar years in addition to the information above:

- ◆ Each transaction or transactions which aggregate \$9,000.00 or more in a calendar year in which the candidate (whether for himself or herself or on behalf of any business) or any business in which such candidate or any member of his or her family has a substantial interest or is an officer of such business has transacted business with the government of the State of Georgia, the government of any political subdivision of the State of Georgia, or any agency of any such government; and
- ◆ Each transaction or transactions which aggregate \$9,000.00 or more in a calendar year in which the candidate or any business in which such candidate or any member of his or her family has a substantial interest or is an officer of such business received any income of any nature from any person who was at the time of such receipt of income represented by a lobbyist registered with the commission pursuant to Article 4 of this chapter.

STATE OF GEORGIA  
PERSONAL FINANCIAL DISCLOSURE STATEMENT

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334  
| 404-463-1980 | [www.ethics.ga.gov](http://www.ethics.ga.gov)

Use Earlier of Post Mark  
or Hand Delivered Date

Original  Amendment (Enter date of statement being amended) \_\_\_\_\_

Date of this Statement: \_\_\_\_\_ Covering Calendar Year: \_\_\_\_\_

Name of Public Officer or Candidate: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City County State Zip code

Telephone Number: (Office/Home) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Name of Public Office Held or Sought: \_\_\_\_\_ Filer ID: \_\_\_\_\_  
(Filer ID that begins with the letter "F")

Check One:

Elected City or County Officer  Candidate for City or County Office

**WHO FILES A FINANCIAL DISCLOSURE STATEMENT:**

Each public officer holding office in Georgia, and each person who qualifies as a candidate for election as a public officer for one of the offices listed below, and all others on the following list.

- (A) Every constitutional officer;
- (B) Every elected state official;
- (C) The executive head of every state department or agency, whether elected or appointed;
- (D) Each member of the General Assembly;
- (E) Every elected county official, every elected county or area school superintendent, and every elected member of a county or area board of education; and
- (F) Every elected municipal officer.

**WHEN TO FILE A FINANCIAL DISCLOSURE STATEMENT:**

**Public Officer:** A Financial Disclosure Statement is filed not before January 1 and not later than July 1 of each year that a public officer holds office (except the year of election). The information to be provided shall be that from the preceding calendar year.

If the public officer chooses not to run for re-election or for another public office no Financial Disclosure Statement need be filed in the year qualifying to succeed him takes place. A public officer shall not be deemed to hold the office in a year in which the public officer holds office for less than 15 days.

**Candidate for Public Office:** A Financial Disclosure Statement covering the period of the preceding calendar year shall be filed no later than the fifteenth day following the date of qualifying as a candidate. Candidates for state wide office file not later than seven days after qualifying for office. Only one Financial Disclosure Statement is required per calendar year.

**Special requirements for State Wide Candidates:** Candidates for a public office elected state wide must file their Financial Disclosure Statements not later than seven days after qualifying or filing a notice of candidacy. State wide candidates must disclose more information than other candidates for public office and the additional disclosure sections required of state wide candidates must be completed in the year of election filing.

**WHERE TO FILE A FINANCIAL DISCLOSURE STATEMENT:**

State /Statewide Office: Georgia Government Transparency & Campaign Finance Commission

County: County Election Superintendent

Municipality: City Clerk or Chief Executive Officer



**SECTION I MONETARY FEES  
RECEIVED**

(This section to be completed by Public Officers only)

Identify each monetary fee or honorarium accepted from speaking engagements, participation in seminars, discussion panels, or other activities that directly relate to the official duties of, or to the office of the public officer, with a statement identifying the fee or honorarium and the person from whom it was accepted. (You may attach additional sheets of paper if necessary.)

**I received:**

- No monetary fee or honorarium.
- Monetary fee(s) or honoraria as shown below.

**Identify Fee or Honorarium  
And Amount Accepted**

**Identifying Information of Person from Who Accepted**

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**SECTION II FIDUCIARY  
POSITIONS**

Name all fiduciary positions held by the candidate for public office or the public officer at any time during the covered year. (You may expand this section if necessary to include all positions.) A **fiduciary position** is any position imposing a duty to act primarily for another's benefit as officer, director, manager, partner, guardian, or other designations of general responsibility of a business entity. A fiduciary position may be a paid or unpaid position. A **business entity** is any corporation, sole proprietorship, partnership, limited partnership, limited liability company, limited liability partnership, professional corporation, enterprise, franchise, association, trust, joint venture, or other entity, whether profit or nonprofit. (You may attach additional sheets of paper if necessary.)

**I held:**

- No fiduciary positions in any business entity.
- Fiduciary positions in the following business entity(ies).

**IDENTIFY:**

1. Title of each position.
2. Name and address of business entity.
3. Principal activity of each business entity.

Business entity #1

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Business entity #2

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Business entity #3

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Business entity #4

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**SECTION III  
DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY**

**Direct ownership interest** is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify the name, address and principal activity of any business entity and the office held by and the duties of the candidate for public office or public officer within a business entity any time during the covered year in which a direct ownership interest: (A) Is more than 5 percent of the total interest in the business; or (B) Has a net fair market value of more than \$5,000.00. (You may attach additional sheets of paper if necessary.)

**I held:**

- No direct ownership interests in any business entity.
- Direct ownership interests in the following business entity(ies).

**IDENTIFY:**

1. Name and address of business entity.
2. Principal activity of business entity.
3. The office held by the candidate or the public officer within the business entity.
4. The duties of the candidate or the public officer within such business entity.

Business entity #1

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**Ownership Interests**

Check One or Both If Applicable

- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #2

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- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #3

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- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #4

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- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #5

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- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

**SECTION IV  
DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY**

**Direct ownership interest** is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify each tract of real property in which the candidate for public office or public officer has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00. "Fair market" value means the appraised value of the property for ad valorem tax purposes. (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

**I had:**

- No ownership interests with a fair market value in excess of \$5,000.00
- Ownership interests with a fair market value in excess of \$5,000.00

**IDENTIFY:**

1. County where property is located.
2. State where property is located.
3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #2

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #3

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #4

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #5

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

**SECTION V**  
**SPOUSE'S DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY**

Identify each tract of real property in which the filer's spouse has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00 (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

**My spouse had:**

- No ownership interests with a fair market value in excess of \$ 5,000.00
- Ownership in the following tracts with a fair market value in excess of 5,000.00

**IDENTIFY:**

1. County where property is located.
2. State where property is located.
3. General description of property (give street address or location, size of tract, and nature or use of property).

**Property #1**

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

**Property #2**

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

**Property #3**

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

**Property #4**

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

**Property #5**

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The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

**SECTION VI  
EMPLOYMENT AND FAMILY MEMBERS**

Filer's Occupation \_\_\_\_\_

Filer's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Principal Activity \_\_\_\_\_

Filer's Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Address of Spouse's Employer \_\_\_\_\_

Principal Activity of Spouse's Employer \_\_\_\_\_

**SECTION VII  
INVESTMENT INTERESTS**

List the name of any investment (do not list individual stocks and bonds that are held by mutual funds), in which the filer (either individually or with any other legal or natural person or entity) owns a direct ownership interest that:

1. Is more than 5 percent of the total interests in such business or investment, or
2. Has a net fair market value of more than \$5,000.00.

Business or Investment Entity #1  
Name \_\_\_\_\_

Business or Investment Entity #2  
Name \_\_\_\_\_

Business or Investment Entity #3  
Name \_\_\_\_\_

Business or Investment Entity #4  
Name \_\_\_\_\_

**SECTION VIII  
KNOWN BUSINESS OR INVESTMENT INTERESTS OF SPOUSE AND DEPENDENT CHILDREN**

Identify any business or investment known to the filer in which the filer's spouse or dependent children have a direct ownership interest (either individually or with any other legal or natural person or entity) which interest:

1. is more than 5 percent of the total interest in the business or investment,
2. has a net fair market value exceeding \$10,000.00, or
3. is one in an entity for which the filer's spouse or a dependent child serves as an officer, director, equitable partner, or trustee.

(Do not list individual stocks and bonds that are held by mutual funds.)

Business or Investment Entity #1  
Name \_\_\_\_\_

Business or Investment Entity #2  
Name \_\_\_\_\_

Business or Investment Entity #3  
Name \_\_\_\_\_

Business or Investment Entity #4  
Name \_\_\_\_\_

**SECTION IX**  
**ANNUAL PAYMENTS RECEIVED**  
**FROM THE STATE OF GEORGIA**  
(This section to be completed by Public Officers only)

Identify all annual payments in excess of \$10,000.00 received by the public officer, or by any business entity identified in Section III above, from the State or any agency, department, commission or authority created by the State, and authorized and exempted from disclosure under O.C.G.A. § 45-10-25.

**I received:**

- No annual payments in excess of \$10,000.00 from any State entity.
- Annual payments in excess of \$10,000.00 from the below named State entity(ies).

**IDENTIFY:**

1. Name and address of State entity making the payments.
2. Amount of annual payment.
3. The general nature of the consideration rendered for the payment(s).

State entity source #1

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State entity source #2

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**VERIFICATION BY OATH OR AFFIRMATION**

State of Georgia \_\_\_\_\_ County of \_\_\_\_\_

I, the undersigned, being duly sworn (affirm), depose and say that the information in this statement is complete, true, and correct.

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Candidate or Public Officer

**PENALTIES:** Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics in Government Act shall be guilty of a misdemeanor.

My Commission expires \_\_\_\_\_.

STATE OF GEORGIA

Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave SE, Suite 1402-West Tower, Atlanta, GA 30334

AFFIDAVIT OF A CANDIDATE'S INTENT NOT TO EXCEED \$2,500 IN CONTRIBUTIONS AND/OR EXPENDITURES

Per O.C.G.A. §21-5-34(d)(d.1)(1),

\_\_\_\_\_ is a candidate for /public officer of
(Full Name of Candidate)

\_\_\_\_\_ in \_\_\_\_\_
(Office Sought/or Held) (City or County)

By submitting this form I am affirming that I, the above named candidate, do not intend to accept during this election cycle\* a combined total of contributions exceeding \$2,500.00 for the campaign nor make a combined total of expenditures exceeding \$2,500. If the above named candidate does not exceed \$2,500.00 in contributions or expenditures then the candidate SHALL not have to file a report under O.C.G.A. §21-5-34 (c).

I understand that if I, the above named candidate, exceed the \$2,500 limit for either accepting contributions or making expenditures for such campaign during the election cycle, but do not accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 then I, the above named candidate, SHALL be required to file only the June 30 and October 25 reports required by O.C.G.A. §21-5-34 (c) (2). The first of such reports shall include all contributions received and expenditures made beginning January 1 of such calendar year.

Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate SHALL be subject to the reporting requirements of this Code section the same as if the written notice authorized by this subsection had not been filed.

\*"Election cycle" means the period from the day following the date of an election or appointment of a person to elective public office through and including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office.

Notary section containing fields for State of Georgia, County of, Signature of Notary Public, Signature of Candidate/Chairman/Treasurer filing Affidavit, My Commission expires on, and Notary Seal.

## Campaign Contribution Disclosure Report

### Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | [www.ethics.ga.gov](http://www.ethics.ga.gov)

<b>1. Report Type</b> <small>(Select One)</small>  <input type="checkbox"/> Original  <input type="checkbox"/> Amendment  Amendment # _____	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought _____ <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> <b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand Delivered Date  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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**3. Identifying and Contact Information**

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
*Full Name of Candidate or Other Than Candidate Campaign Committee* *Today's Date*

(3) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
*Mailing Address*

(4) \_\_\_\_\_ and/ or \_\_\_\_\_  
*Primary Contact Phone Number* *E-Mail*

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports?  Yes  No

(6) If yes, is the committee registered with the Commission?  Yes  No

(7) If yes, complete the following: \_\_\_\_\_ | \_\_\_\_\_  
*Name of Committee Chairperson* *Name of Committee Treasurer*

**4. Period for which you are Reporting**

**You Must Check Only One Box**

My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)
<b>Supplemental Reporting</b> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)			

\*Persons leaving office with excess funds until such funds are expended as provided in the Act  
 \*Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Commission Expiration*

\_\_\_\_\_  
 a. *Signature of Candidate*  
 b. *Organization/Chairperson/Treasurer*



CFC-CCDR 1/14

**State of Georgia  
Campaign Contribution Disclosure Report  
Summary Report**

**CONTRIBUTIONS RECEIVED**

1	<input type="checkbox"/> I have no contributions to report. <input type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		
3a	All loans received this reporting period.		
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		

**EXPENDITURES MADE**

7	<input type="checkbox"/> I have no expenditures to report. <input type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page		
11	Total expenditures reported this period. (Line 9 + 10)		
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		

**INVESTMENTS**

13	Total value of investments held at the beginning of this reporting period.		
14	Total value of investments held at the end of this reporting period.		

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)		
----	--	--	--

\* O.C.G.A. 21-5-3(10). Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

CFC-CCDR 1/14

**State of Georgia  
Campaign Contribution Disclosure Report  
Outstanding Indebtness**

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)  
Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 1/14

## State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.  
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name	<input type="checkbox"/> Monetary  <input type="checkbox"/> In-Kind  <input type="checkbox"/> Common Source  <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address					
Address2					
City	State	Zip	Aff. Comm.		
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name	<input type="checkbox"/> Monetary  <input type="checkbox"/> In-Kind  <input type="checkbox"/> Common Source  <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address					
Address2					
City	State	Zip	Aff. Comm.		
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name	<input type="checkbox"/> Monetary  <input type="checkbox"/> In-Kind  <input type="checkbox"/> Common Source  <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address					
Address2					
City	State	Zip	Aff. Comm.		

Itemized Contributions Page Total \$ \_\_\_\_\_ \$ \_\_\_\_\_

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First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ _____ \$ _____						

\* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

\*\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

\*\*\* If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR 1/14

### Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State      Zip		State      Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State      Zip		State      Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$ \_\_\_\_\_

\* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

\*\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

\*\*\* If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR1/14

## State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				

Page Total \$ \_\_\_\_\_

\* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)  
Public Officer/Candidate/Other Than Candidate Committee Name

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name					
Last Name		Date	Occupation		
Address					
Address2		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City					
State	Zip				
First Name					
Last Name					
Address		Date	Occupation		
Address2					
City		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State	Zip				
First Name					
Last Name					
Address					
Address2		Date	Occupation		
City					
City		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State	Zip				
First Name					
Last Name					
Address					

\* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ \_\_\_\_\_

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**State of Georgia  
Campaign Contribution Disclosure Report  
Investments Statement**

<b>1. Investment Name</b>	<b>Account #</b>
<b>Institution/Person Holding Account</b> _____  <b>Mailing Address</b> _____  <b>Address2</b> _____  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<b>Value at beginning of reporting period \$</b>
	<b>Value at end of reporting period \$</b>
	<b>Difference in value \$</b>
	<b>Interest Paid Out \$</b>
	<b>Cash Dividends \$</b>

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

<b>2. Investment Name</b>	<b>Account #</b>
<b>Institution/Person Holding Account</b> _____  <b>Mailing Address</b> _____  <b>Address2</b> _____  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<b>Value at beginning of reporting period \$</b>
	<b>Value at end of reporting period \$</b>
	<b>Difference in value \$</b>
	<b>Interest Paid Out \$</b>
	<b>Cash Dividends \$</b>

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

<u>Total value of investments at beginning of reporting period \$</u>	Page Total Cash Dividends:     \$ _____
<u>Total value of investments at end of reporting period \$</u>	Page Total Interest Paid Out:     \$ _____
<u>Total difference in value \$</u>	Page Total Profit:     \$ _____
	Page Total Loss:     \$ _____



CFC-CCDR 1/14

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Addendum Statement**

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report. Information that is to be reported in the body of the report **should not** be listed on Addendum Statement.