

CITY OF PINE LAKE, GEORGIA

2025 QUALIFYING PACKET

August 18, 2025 through August 20, 2025
8:30am – 4:30pm
425 Allgood Road, Stone Mountain, Georgia 30083





**Candidate Qualifying Information
For November 4, 2025
City Council Candidates
General Election**

Thank you for your interest in Pine Lake city government. The City of Pine Lake is governed by a mayor and five (5) council members. They mayor and council members are elected by a majority vote of the votes cast for each position by the electors of the city at large. The 2025 General Election to be held in on November 4 2025 is to fill the expired term of the three (3) council member seats with a term ending date of December 31, 2025.

Elected officials serve four (4) year terms until their respective successors are elected and sworn in. The Mayor and City Council determine policies, enact legislation, and provide political leadership in the community. Council meetings are held each month on the second and last Tuesdays at 6:00 PM in the Council Chambers at 459 Pine Drive.

To be eligible for election as a council member; a person, at the time of election or appointment must: (1) have resided continuously in the limits of the City for 12 months immediately preceding the date of election or appointment and must continue to reside in such residence during the term of office; (2) be a qualified elector of the city; (3) meet any other requirements as may be established by general state law; and, (4) provide government issued identification.

The qualifying period is open beginning Monday, August 18, 2025 through Wednesday, August 20, 2025. The hours of qualifying are 8:30 a.m. until 4:30 p.m. each day at City Hall, 425 Allgood Road, Stone Mountain, GA. Any person desiring to run for office shall qualify in the Office of the City Clerk (Georgia Election Code 21-2-132).

The qualifying fee for each Council post is \$108.00, which is 3% of the gross salary of the preceding year (Georgia Election Code 21-2-131).

The State of Georgia requires certain filings from both candidate and elected officials. Please visit the Georgia Government Transparency and Campaign Finance Commission (formerly known as the State Ethics Commission) website <http://ethics.ga.gov> for all the information you may need.

The last day to register to vote in this election is October 6, 2025.

For questions or for more information please contact City Hall at 404-999-4931.

Items to complete and return to the City filing official DURING the qualifying period.

Notice of Candidacy and Affidavit

Payment of Qualifying fee (cash, check or money order).

A check returned for insufficient funds ("bounced") from a candidate disqualifies the candidate from qualifying for the office unless an error was made by the financial institution (bank, credit union, etc.) and notification of the error was received by the election superintendent within two weeks after the deadline for qualifying.

Other forms that are required of candidates.

- **Declaration of Intent (DOI)** to accept campaign contributions must be filed with the City Clerk prior to accepting contributions. **All candidates must file the DOI regardless of whether any money will be raised or spent.**
- **Campaign Contribution Disclosure Reports (CCDR).**
 - If the candidate intends to collect less than \$2,500, s/he should file the **"Affidavit of Exemption"**
 - If the candidate intends to collect \$2,500 or more, s/he should file the **"Campaign Contribution Disclosure Report."**
- **Personal Financial Disclosure Statement (PFDS)** are required to provide disclosure of information from each candidate about financial activity for the preceding calendar year (2024).
 - Incumbents who have previously filed a PFDS are not required to complete a new report.

These forms must be returned to the Acting City Clerk for submission to the Georgia Government Transparency & Campaign Finance Commission. The candidate is responsible for meeting reporting deadlines. Fines are assessed for late reporting. Please see the "CANDIDATE FORMS & DISCLOSURES" document included in the candidate packet for more information.

Campaign Committee

- If the candidate intends to have a campaign committee, the committee should file a "Campaign Committee Report" with the Georgia Government Transparency & Campaign Finance Commission.

Once qualifying closes, all candidate names will be posted on the City's website. Please be aware that media outlets will generally request this information for publication. If you would like a picture to accompany your name, you would need to provide a digital photo to info@pinelakega.net.

All information provided to the City of Pine Lake, the Georgia Secretary of State's Office and the Georgia Government Transparency & Campaign Finance Commission is subject to the Georgia Open Records Act requirements.

For more information:

City of Pine Lake – www.pinelakega.net or 404-999-4931

Georgia Secretary of State - sos.ga.gov

Georgia Government Transparency & Campaign Finance Commission – ethics.ga.gov

QUALIFYING PACKET FOR CANDIDATES

| | |
|--|--|
| | Notice of Candidacy and Affidavit |
| | Notice for Paying Qualification Fee by Check |
| | Candidate Qualifying Criteria |
| | Important Dates and Information |
| | Newly Elected Officials Mandated Training |
| | |
| | Candidate Forms and Disclosures |
| | Personal Financial Disclosure Statement (PFDS) |
| | Declaration of Intent to Accept Campaign Contributions (DOI Form) |
| | Registration of a Campaign Committee (RC Form) |
| | Campaign Contribution Disclosure Report (CCDR) |
| | Affidavit of Candidate's Intent Not to Exceed \$2500.00 in Contributions and/or Expenditures |
| | |
| | Candidate Resources |
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CANDIDATE ACKNOWLEDGEMENT

I _____ accept the Qualifying Packet containing the above information. I understand that by qualifying to run in a municipal election, I bear responsibility under State Law to submit the required reports to the appropriate governmental entities within the prescribed time or I may be guilty of a misdemeanor and face civil penalties of up to \$1,000.00 per violation.

Candidate Signature: _____ Date: _____

Once qualifying closes, candidate names and the seat they are seeking will be posted on the City's website. Please be aware that newspapers will generally request this information and publish it as well.

Sincerely,

Ned Dagenhard, Acting City Clerk
Qualifying Officer

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 _____ day of _____, 20____; (Election)

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) |



NOTICE TO CANDIDATE

PAYING QUALIFICATION FEE BY CHECK

By completion of this form, I _____, hereby, acknowledge that I have been informed and aware that should the qualifying fee which I am paying by check be subsequently returned for insufficient funds, I will not have 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. See O.C.G.A. 21-2-6 (d); see also SEB Rule 183-1-10-.01.

Make Check Payable To: CITY OF PINE LAKE

CANDIDATE'S SIGNATURE

DATE

QUALIFYING OFFICER

DATE

WITNESS

DATE

Candidate Qualifying Criteria

To run for office in the City Pine Lake one must meet the following qualifications:

- You must be a U.S. Citizen.
- You must have been a **resident of this city for 12 months** continuous immediately prior to the date of the election in which you seek to qualify.
- You must be registered and qualified to vote in municipal elections in this city.

O.C.G.A. § 45-2-1. Persons ineligible to hold civil office; vacation of office; validity of acts performed while in office.

The following persons are ineligible to hold any civil office; and the existence of any of the following facts shall be a sufficient reason for vacating any office held by such person; but the acts of such person, while holding a commission, shall be valid as the acts of an officer de facto, namely:

- (1) Persons who are not citizens of this state and persons under the age of 21 years; provided, however, that upon passage of appropriate local ordinances, citizens of this state who are otherwise qualified and who have attained 18 years of age shall be eligible to hold any county or municipal office, except such offices of a judicial nature. The residency requirement for a candidate for any county office, except offices of a judicial nature, shall be 12 months' residency within the county. The residency requirement for a candidate for any municipal office, except offices of a judicial nature, shall be 12 months' residency within the municipality; provided, however, that municipalities may by charter provide for lesser residency requirements for candidates for municipal office, except offices of a judicial nature. Notwithstanding anything in this paragraph to the contrary, the General Assembly may provide by local law for a period of district residency for candidates for any county or municipal governing authority or board of education who are elected from districts not to exceed 12 months' residency within the district from which each such candidate seeks election. Any local law previously enacted by the General Assembly providing for a period of district residency for candidates for county or municipal office which does not exceed 12 months shall be granted full force and effect;
- (2) All holders or receivers of public money of this state or any county, school district, or municipality thereof who have refused or failed when called upon after reasonable opportunity to account for and pay over the same to the proper officer;
- (3) Any person finally convicted and sentenced for any felony involving moral turpitude under the laws of this or any other state when the offense is also a felony in this state, unless restored to all his rights of citizenship by a pardon from the State Board of Pardons and Paroles;
- (4) Persons holding any office of profit or trust under the government of the United States other than that of postmaster and officers and enlisted men of the reserve components of the armed forces of the United States, or of either of the several states, or of any foreign state; provided, however, that without prejudice to his right to hold public office, any person may accept appointment to, and may receive his expenses and compensation arising from, membership upon any commission, board, panel, or other fact-finding or policy-making agency appointed by the President of the United States or other federal authority, where such appointment is of a temporary nature and the duties are not such as to interfere materially with the person's duties as a public officer. Acceptance of such an appointment and receipt of the emoluments therefrom shall not bar the right of any person to hold office in this state or to accede to a state office;
- (5) Persons of unsound mind and persons who, from advanced age or bodily infirmity, are unfit to discharge the duties of the office to which they are chosen or appointed;
- (6) Those persons who have not been inhabitants of the state, county, district, or circuit for the period required by the Constitution and laws of this state;
- (7) A person who has not been a bona fide citizen of the county in which that person shall be elected or appointed at least 12 months prior to that person's election or appointment and who is not a qualified voter entitled to vote; provided, however, that no prior state or county residency requirement shall be applicable to any appointed local superintendent of schools; or
- (8) All persons who are constitutionally disqualified for any cause. All officers are eligible for reelection and reappointment and to hold other offices, unless expressly declared to the contrary by the Constitution or laws of Georgia.



For a complete list of all pertinent dates and deadlines related to voter and/or candidate registration, as well as election and runoff dates, please visit the State of Georgia Office of the Secretary of State website, or follow the link at:

<https://www.sos.ga.gov/sites/default/files/forms/2025%20Elections%20Calendar.pdf>

City of Pine Lake Municipal Qualifying Dates:
August 18-20, 2025 (8:30AM-4:30PM)

Voter Registration Deadline:
October 6, 2025

General/Municipal Election:
November 4, 2025

Runoff Election:
December 2, 2025

Newly Elected Officials Mandated Training

The Georgia General Assembly passed legislation (O.C.G.A. 36-45-1) requiring all persons elected as members of a municipal governing authority who were not serving as members of a municipal governing authority on July 1, 1990 to attend and satisfactorily complete a training program specifically designed for newly elected municipal officials. The Georgia Municipal Association and the University of Georgia's Carl Vinson Institute of Government are pleased to provide this required training to Georgia's newly elected municipal officials.

The Newly Elected Officials Institute provides an opportunity for mayors and councilmembers to increase their knowledge and understanding of city government, especially as it relates to the role and responsibility of the elected official. The training provides information designed to increase the awareness of the legal, financial and ethical responsibilities of city officials. Further, the course provides six hours of credit toward the voluntary training certificate program available through the Municipal Training Institute.

Municipal elected officials that have served before and have been reelected are required to take the Newly Elected Officials Institute again if they have been out of office for more than four years.

The Newly Elected Officials Institute is offered annually, generally in February or March.

For more information on GMA training opportunities, please contact:
aharris@gmanet.com or (678) 686-6293.

CANDIDATE FORMS & DISCLOSURES



Georgia Government Transparency
& Campaign Finance Commission

KNOW THE LINGO

DOI

Declaration of Intention
to Accept Contributions

RC

Registration Form for
a Candidate's Campaign
Committee

COOSA

Choosing the Option of
Separate Accounting

PIN APP

Electronic Filing Access
Code Application

CCDR

Campaign Contribution
Disclosure Statement

FR&TS

Final Report &
Termination Statement

PFDS

Personal Financial
Disclosure Statement

TBD

Two Business
Day Report

Local Filing Officer

Individual a candidate for a
county or municipal office files
with. Usually the city clerk or
elections superintendent.

FORMS

Declaration of Intention to Accept Campaign Contributions

Reference: O.C.G.A. § 21-5-30(g)

- Must be filed **PRIOR** to accepting contributions.
- A candidate's personal funds expended for their campaign, except for payment of a qualifying fee, are considered campaign contributions.
- A new form must be filed if there is a break in office or if accepting contributions for a different office.
- County and Municipal candidates file this form with their local filing officer. All other candidates file with the Commission.

Registration Form for a Campaign Committee

Reference: O.C.G.A. §§ 21-5-3(2); 21-5-30(b)

- This form registers a candidate's campaign committee.
- A committee is required only if a candidate designates someone to file reports, accept money, or expend money on behalf of the campaign.
- A Chairperson and Treasurer are required to form a committee; however, they can be the same person and can be the candidate. If either position is vacant, the committee cannot accept contributions.
- The committee registration will remain in effect until the registration is canceled by the committee or the candidate.
- Filed with the Commission

Choosing the Option of Separate Accounting

Reference: O.C.G.A. §§ 21-5-43(a)(2); 21-5-30 (c)

- Permits candidates to accept contributions for multiple elections within an election cycle. Thus, a candidate may accept contributions for the general election in an election cycle even if the primary election has not occurred.
- A candidate must designate what election the contribution is accepted for on the applicable CCDR.
- Contributions received for a future election cannot be expended until the current election has occurred.
- If a candidate does not qualify or participate in a future election in an election cycle, the contributions received for the future election must be returned to contributors pro-rata.
- Filed with the Commission

Electronic Filing Access Code Application

Reference: O.C.G.A. § 21-5-34.1(a)

- Used for identification purposes for local and state candidates.
- Filed with the Commission.

DISCLOSURES

Campaign Contribution Disclosure Report

Reference: O.C.G.A. § 21-5-34

- A CCDR is a report filed by a candidate or campaign committee that discloses all contributions received and expenditures made during a reporting period.
- Six reports are due in an election year and two reports are due in a nonelection year. Filing Schedule is found at O.C.G.A. § 21-5-34(c).
- \$125 late fee is assessed when a report is filed late. However, there is a five-day grace period.
- Local candidates may be exempt from filing CCDRs if they file an Affidavit of Exemption and meet certain criteria.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.

Final Report & Termination Statement

Reference: O.C.G.A. § 21-5-34 (m)

- A FR&TS is a statement submitted with the campaign's final CCDR.
- It is filed by all campaigns within 10 days of the dissolution of the campaign.
- The Statement must identify the termination date as well as the person responsible for maintaining campaign records as required by the Act.
- To qualify to file a FR&TS, the filer must have a zero net balance, zero debt, and not be seeking or holding the office.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.

Personal Financial Disclosure Statement

Reference: O.C.G.A. § 21-5-50

- A PFDS is a statement filed by a candidate or public official in which the filer discloses information about financial activity for the preceding calendar year.
- A statement must be filed each year, even if information does not change.
- If running for a state-wide position additional information is required to be reported.
- No grace period and a \$125 late fee is assessed when a statement is filed after the due date.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.

Two Business Day Report

Reference: O.C.G.A. § 21-5-34 (c)(2)(C)

- A TBD is a report used to report individual contributions (including loans) of \$1,000.00 or more received between the date of the last CCDR due prior to the date the election for which the candidate has qualified and the date of such election.
- These contributions must be reported within two business days of receipt.
- This contribution must also be reported on the next scheduled CCDR.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.
- No grace period and a \$125 late fee is assessed when a statement is filed after the due date.

Georgia Government Transparency & Campaign Finance Commission

200 Piedmont Ave. SE, Suite 1416-West Tower, Atlanta, GA 30334

Phone: 404 463 1980 Website: www.ethics.ga.gov

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

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

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

Business entity #2

Business entity #3

Business entity #4

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

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

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

Business entity #3

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

Business entity #4

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

Business entity #5

- ☐ 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

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

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

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

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

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

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

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

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

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

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

State entity source #2

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 _____.



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.

| | | | |
|--|---|--|--|
| 1 | Today's Date: _____ | | |
| 2 | Candidate (full name): _____ Address: _____ City, State, Zip: _____ Telephone (optional): _____ Email : _____ | | |
| 3 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> 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: _____ <div style="text-align: center; font-size: small;">(include district, post, or judicial circuit if applicable)</div> </td> <td style="width:30%; padding: 5px; vertical-align: top;"> Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other </td> </tr> </table> | 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: _____ <div style="text-align: center; font-size: small;">(include district, post, or judicial circuit if applicable)</div> | Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other |
| 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: _____ <div style="text-align: center; font-size: small;">(include district, post, or judicial circuit if applicable)</div> | Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other | | |
| 4 | Next Election Year: _____ | | |

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.)

| | |
|----------|---|
| 5 | Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email : _____ |
| 6 | Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email : _____ |

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

Signature of Candidate

Date

**REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE (FORM RC)**

Any substantive changes to the registration information of a committee must be updated within 7 business days

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

| | | | | | |
|---|---|-------------------|-----------------------------------|--|--|
| 1 | Today's Date: | Select Form Type: | <input type="checkbox"/> Original | <input type="checkbox"/> Amended | |
| 2 | Committee (Full Name): _____ Address: _____ _____ City, State, Zip: _____ Telephone Number (optional): _____ Email: _____ | | | | |
| 3 | Campaign Committee Chairperson (full name): _____ Address: _____ _____ City, State, Zip: _____ Email : _____ | | | | |
| 4 | Treasurer (full name): _____ Address: _____ _____ City, State, Zip: _____ Email : _____ | | | | |
| 5 | Candidate (full name): _____ Address: _____ _____ City, State, Zip: _____ Email : _____ | | | | |
| 6 | 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 | |
| I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. | | | | | |
| Signature of Person Registering Committee | | | Date | | |

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

| | | |
|--|--|--|
| 1. Report Type <small>(Select One)</small> <input type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____ | 2. Filing is being made on behalf of (Select One): Candidate or Public Official 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> Organization or Person Other than Candidate's Campaign Committee 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; height: 20px; width: 100%;"></div> |
|--|--|--|

3. Identifying and Contact Information

- (1) _____ (2) _____
Full Name of Candidate or Other Than Candidate Campaign Committee *Today's Date*
- (3) _____
Mailing Address *City* *State* *Zip Code*
- (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) |
| Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*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)</small> | | | |

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

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.

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

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 Contribution Type* | Occupation & Employer | | | Estimated Value |
| | | | | | 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 | | | | | |
| Address | | | | | |
| Address2 | <input type="checkbox"/> Monetary | Employer | | | Description |
| City | <input type="checkbox"/> In-Kind | | | | |
| State | <input type="checkbox"/> Common Source | | | | |
| Zip | <input type="checkbox"/> Credit Received on Loan | | | | |
| 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 | | | | | |
| Address | | | | | |
| Address2 | <input type="checkbox"/> Monetary | Employer | | | Description |
| City | <input type="checkbox"/> In-Kind | | | | |
| State | <input type="checkbox"/> Common Source | | | | |
| Zip | <input type="checkbox"/> Credit Received on Loan | | | | |
| 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 | | | | | |
| Address | | | | | |
| Address2 | <input type="checkbox"/> Monetary | Employer | | | Description |
| City | <input type="checkbox"/> In-Kind | | | | |
| State | <input type="checkbox"/> Common Source | | | | |
| Zip | <input type="checkbox"/> Credit Received on Loan | | | | |
| Aff. Comm. | | | | | |

Itemized Contributions Page Total \$ _____ \$ _____

CFC-CCDR 1/14

| | | | | | | |
|---|-----|--|------------|--|-------------|-------------|
| 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 | | | | | Description | |
| Address | | | | | | |
| Address2 | | <input type="checkbox"/> Monetary | Employer | <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary | | 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 | | | | | Description | |
| Address | | | | | | |
| Address2 | | <input type="checkbox"/> Monetary | Employer | <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary | | 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 | | | | | Description | |
| Address | | | | | | |
| Address2 | | <input type="checkbox"/> Monetary | Employer | <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary | | 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 | | | | | Description | |
| Address | | | | | | |
| Address2 | | <input type="checkbox"/> Monetary | Employer | <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary | | 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 | | | | | Description | |
| Address | | | | | | |
| Address2 | | <input type="checkbox"/> Monetary | Employer | <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary | | 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

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

CFC-CCDR 1/14

| 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 | | | | |
| | | | | | |
| 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 | | | | |
| | | | | | |

* 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 \$ _____

State of Georgia

Campaign Contribution Disclosure Report

Investments Statement

| | |
|--|---|
| 1. Investment Name | Account # |
| Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____ | Value at beginning of reporting period \$ |
| | Value at end of reporting period \$ |
| | Difference in value \$ |
| | Interest Paid Out \$ |
| | Cash Dividends \$ |

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

| | |
|--|---|
| 2. Investment Name | Account # |
| Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____ | Value at beginning of reporting period \$ |
| | Value at end of reporting period \$ |
| | Difference in value \$ |
| | Interest Paid Out \$ |
| | Cash Dividends \$ |

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

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.

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 December 31 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 accepts a combined total of contributions exceeding \$5,000.00 or makes expenditures exceeding \$5,000.00 for such campaign during any such election cycle, then such candidate or campaign committee chairperson or treasurer shall thereupon 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.

State of Georgia

County of _____

I, the undersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to the best of my knowledge and belief.

Sworn to and subscribed before me on _____, _____

Signature of Notary Public

Signature of Candidate/Chairman/Treasurer filing Affidavit

My Commission expires on _____, _____

Notary Seal

CANDIDATE RESOURCES:

City of Pine Lake Charter Provisions

ARTICLE II. - GOVERNMENT STRUCTURE, Legislative branch.

https://library.municode.com/ga/pine_lake/codes/code_of_ordinances?nodeId=PTICH_ARTIIIGOST

ARTICLE V. - ELECTIONS AND REMOVAL, Elections.

https://library.municode.com/ga/pine_lake/codes/code_of_ordinances?nodeId=PTICH_ARTVELRE

City of Pine Lake Code of Ordinances

CHAPTER 2. – ADMINISTRATION, ARTICLE II. - CITY COUNCIL

https://library.municode.com/ga/pine_lake/codes/code_of_ordinances?nodeId=PTIICOOR_CH2AD_ARTIIICICO

Georgia Secretary of State

CANDIDATE RESOURCES

<https://sos.ga.gov/candidate-resources>

VOTER RESOURCES

<https://sos.ga.gov/voter-resources>

NOTE: In accordance with Section 66-14. - Erection on rights-of-way of the City of Pine Lake's Code of Ordinances:

"No sign of any kind shall be permitted to extend into or above or to be anchored or placed in any portion of the right-of-way of a state or county highway, city street or public sidewalk (except official city, state and county signs), and in no case, closer than five feet to a curbline."

Sign provisions for the City of Pine Lake can be found at:

https://library.municode.com/ga/pine_lake/codes/code_of_ordinances?nodeId=PTIICOOR_CH66SI