



# Candidate Information Packet



**Special Election: November 3, 2020**

## **RUNNING FOR OFFICE**

The 2020 City of Clarkston Special Election will be held on Tuesday, November 3, 2020 to fill the unexpired Mayor Seat (1) thru December 31, 2021.

The City of Clarkston's election is non-partisan and is conducted by the DeKalb County Elections. The City Clerk serves as the Qualifying Officer.

### **Qualifying Period:**

Pursuant to O.C.G.A. 21-2-132, qualifying for the election will take place at City of Clarkston City Hall Annex beginning on Monday, August 10, 2020 through Wednesday, August 12, 2020 from 9:00 a.m. until 4:30 p.m (daily).

**Due to Covid, office doors are locked and only 1 (one) person at a time, will be permitted entry for Qualifying. Masks are Required. Candidates are encouraged to have their forms pre-filled and to also submit the DOI form with Qualifying Form. Must have Photo ID and payment.**

1055 Rowland Street  
City Clerk's Office  
Clarkston, GA 30021

**Qualifying fees:** Pursuant to O.C.G.A. 21-2-131(a) the qualifying fees, by Cash, Check or Money Order are:

**For Mayor:                    \$450.00**

### **Notice of Candidacy and Affidavit:**

The City Clerk of the City of Clarkston serves as the Qualifying Officer for candidates for the offices of Mayor. During the qualifying period, a candidate must appear in person to file a Notice of Candidacy and Affidavit with Tracy Ashby at 1055 Rowland Street, Clarkston GA 30021. At the time the Notice of Candidacy and Affidavit is filed, the qualifying fee must be paid by cash, check or money order made payable to the City of Clarkston.

## **Candidate Requirements:**

Sec. 2.08. - Qualifications for mayor and councilmen.

To be eligible for the office of mayor or councilman, a person must meet the requirements of a qualified elector for members of the General Assembly as prescribed by state law, must have been a bona fide resident of the City of Clarkston for one (1) year next preceding the election in which he offers as a candidate, and must have no debts outstanding against him in favor of the city, county or state.

## **Georgia Law Requirements: 21-2-216**

- (a) No person shall vote in any primary or election held in this state unless such person shall be:
  - (1) Registered as an elector in the manner prescribed by law;
  - (2) A citizen of this state and of the United States;
  - (3) At least 18 years of age;
  - (4) A resident of this state and of the county or municipality in which he or she seeks to vote; and
  - (5) Possessed of all other qualifications prescribed by law.
- Shall not have been convicted of violation of primary or election laws, malfeasance in office, or felony involving moral turpitude or conviction of domestic violence.
- Shall not be the holder of any public funds illegally.

## **REPORTING REQUIREMENTS**

If you have any questions on filling out forms, please contact the Georgia Government Transparency and Campaign Finance Commission to assist you. By law, the Clerk is not authorized to write on your sheet except to stamp in the date received and notarize your signature.

**Affidavit of a Candidate's Intent Not to Exceed \$2,500.00 in Contributions and/or Expenditures:** A candidate for nomination or election to a public office or the chairperson or treasurer of a campaign committee organized to bring about the nomination or election of such candidate signs and files with the appropriate official. A written notice that such candidate or campaign committee does not intend to accept during such election cycle a combined total of contributions exceeding \$2,500.00 for the campaign nor make a combined total of expenditures exceeding \$2,500.00 for the campaign in such election cycle.

**Affidavit of Incumbent Not Seeking Re-Election:** This affidavit is filed by incumbents who choose not to seek reelection in their election year. Once filed, the incumbent files according to then on-election year filing schedule.

**Campaign Contribution Disclosure Report (CCDR):** A CCDR is a report filed with the appropriate filing office by a candidate; public official; or the chairperson or treasurer of a campaign committee setting forth all expenditures and contributions. Itemize all contributions and expenditures more than \$100.00 and aggregate totals of all contributions and expenditures \$100.00 or less.

**Personal Financial Disclosure Statement (PFD):** Every public officer and every candidate for election as a public officer must file a PFD covering the period of the preceding calendar year. Only one PFD is required per calendar year.

**Two Business Day Report (TBD):** The TBD Report addresses the period of time between the last report due prior to the date of any election for which the candidate is qualified and the date of the election. The TBD Report requires the disclosure of all contributions (including loans) of \$1,000.00 or more and must be reported within two-business days of receipt of the contribution. Don't forget that the contribution must be reported on the next succeeding regularly scheduled Campaign Contribution Disclosure Report also.

A TBD must be sent by facsimile or electronic transmission (eFile) within two business days of receipt of contribution. Any facsimile filing shall also have an identical electronic filing within five business days following the transmission of such facsimile filing. Local filers should submit the TBD report to their local filing office. State/Statewide filers should file with the Commission.

**Termination Statement:** All campaigns and committees must file a termination statement within ten days of the dissolution of a campaign or committee which shall, among other things, identify the person responsible for maintaining campaign records as required by the Act. The termination statement shall be submitted with a final Campaign Contribution Disclosure Report which identifies a zero balance and zero indebtedness. This report is called the Final Report & Termination Statement.

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

\_\_\_\_\_  
(Circuit, District, or Post if Applicable); my date of birth is \_\_\_\_\_; I have been a legal resident

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)

# AFFIDAVIT OF EXEMPTION (O.C.G.A. § 21-5-34(d.1))



Georgia Government Transparency  
& Campaign Finance Commission

## WHAT IS THE AFFIDAVIT OF EXEMPTION?

The Affidavit of Exemption is a written, sworn statement completed by a candidate or public officer if they do not plan to accept more than \$2,500 in contributions or expend more than \$2,500 in expenditures during an election cycle. Filing the Affidavit exempts the candidate or public officer from Campaign Contribution Disclosure Report (CCDR) filing requirements.

## WHERE IS AN AFFIDAVIT OF EXEMPTION FILED?

An Affidavit of Exemption is filed with the candidate's or public officer's local filing officer. Generally, the local filing officer for municipal candidates and public officers is the city clerk of the municipality in which the candidate is seeking office or in which the public officer holds office and the local filing officer for county candidates and public officers is the elections superintendent for the county in which the candidate is seeking office or in which the public officer holds office.

## WHEN CAN THE AFFIDAVIT OF EXEMPTION BE FILED?

The Affidavit of Exemption may be filed at any time during an election cycle. However, best practice is for a candidate or public officer to file an Affidavit at the beginning of each election cycle, immediately after qualifying for office, or immediately after filing a Declaration of Intention to Accept Campaign Contributions (DOI). If a candidate files an Affidavit after CCDRs become due, the candidate is responsible for filing all CCDRs due prior to filing the Affidavit.

## WHEN DOES THE AFFIDAVIT OF EXEMPTION EXPIRE?

The Affidavit of Exemption is good for one election cycle. After an election cycle concludes, a public officer will need to file a new Affidavit to be exempt from CCDR filing requirements in the new election cycle.

## WHO MAY FILE THE AFFIDAVIT OF EXEMPTION?

Candidates for county or municipal offices or public officers currently holding a county or municipal office who do not intend to accept more than \$2,500 in contributions or expend more than \$2,500 in expenditures during an election cycle.

### **Q: What if a candidate or public officer who has filed the Affidavit of Exemption expends more than \$2,500 or accepts more than \$2,500 in contributions during the election cycle?**

**A:** If a candidate or public officer exceeds the \$2,500 limit but does not exceed \$5,000 in contributions and expenditures, then they must file a June 30<sup>th</sup> CCDR and December 31<sup>st</sup> CCDR in the election year. If the candidate or public officer exceeds \$5,000 in contributions and expenditures, then they must file all CCDRs due in an election year as prescribed by O.C.G.A. § 21-5-34(c)(2).

### **Q: What if a candidate or public official does not file an Affidavit of Exemption?**

**A:** If a candidate or public officer does not file an Affidavit of Exemption, then they must file CCDRs in accordance with the filing schedule found at O.C.G.A. § 21-5-34(c).

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	





# Filing Responsibilities for Candidates & Candidate Committees

## Filing a Declaration of Intention to Accept Campaign Contributions (FORM DOI)

**CANDIDATE:** If you are not currently a public officer holding elective office and plan to run, you must file a [Declaration of Intention to Accept Campaign Contributions Form \(Form DOI\)](#) with the Commission before accepting campaign contributions. **Form MUST be Submitted to Locale Filing Officer (CITY)**

## Campaign Committee Registration By Candidate (FORM RC)

**CANDIDATE COMMITTEE:** If a candidate forms a campaign committee, the candidate must register the committee with the Commission prior to accepting any contributions by filing the [Form RC](#). No contributions may be accepted at any time there is a vacancy in either the position of chairman or treasurer, although the same person may serve as chairperson and treasurer including the candidate himself. **Form MUST be Submitted to Locale Filing Officer (CITY)**

## Choosing Option of Separate Accounting (FORM COOSA)

**CANDIDATE OR CANDIDATE COMMITTEE:** A candidate may declare intent to keep separate accounting for each election in an election cycle by filing the [COOSA Form](#). Upon filing the COOSA, a candidate may accept funds for a future election that is not the candidate's next upcoming election (candidates may only receive funds for prior elections in order to retire debt). For example, if the candidate's next upcoming election is the primary, by filing a COOSA form the candidate may accept contributions for both the primary and the general election.

**ALL FORMS MAY BE LOCATED AT:**

<http://ethics.ga.gov/formsreportspublications/>

**PLEASE NOTE Which Forms Are To BE FILED WITH THE CITY and which FORMS ARE FILED WITH THE GEORGIA GOVERNMENT TRANSPARENCY AND CAMPAIGN**

# FORMS

Available at the Georgia Government Transparency and Campaign Finance Commission Website

<http://ethics.ga.gov/formsreportspublications>

- ✚ Declaration of Intention to Accept Campaign Contributions
- ✚ Campaign Committee Registration Form (if applicable)

Training Resources for Candidates

- ✚ <http://ethics.ga.gov/education-2/education>



# About Form DOI (Declaration of Intent to Collect Campaign Contributions)

## Who files the DOI Form?

Anyone who is not already a public officer and who plans to run for public office **must file a Declaration of Intention to Accept Campaign Contributions BEFORE** accepting such contributions. If you are already a public officer and plan to run for re-election in the same office, you do not have to file a new DOI form. If you plan to run for a different office, however, you would have to file a DOI form

## When is the DOI Form Filed?

The DOI form **MUST BE FILED BEFORE THE CANDIDATE ACCEPTS CAMPAIGN CONTRIBUTIONS!**

## Where is the DOI Form Filed?

Local Level candidates file the current DOI form with their **Local Filing Officer (CITY)**

**More Information and Electronic Forms may be obtained at:**

<http://ethics.ga.gov/filer-information/forms/>



**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) – COUNTY/MUNICIPAL LEVEL FILERS**

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: \_\_\_\_\_

<p><b>3</b> Name County/City: _____</p> <p>Name of Office Sought or Held: _____                  (include office, district, post, or judicial seat)</p>	<p>Party Affiliation (optional):</p> <p><input type="checkbox"/> Democrat    <input type="checkbox"/> Non-Partisan  <input type="checkbox"/> Republican    <input type="checkbox"/> Other</p>
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**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



## **Personal Financial Disclosure Statement** **(PFDS)**

CANDIDATE: Candidates for Municipal Elections must file a [PFDS](#) within 15 days after qualifying for election .

Municipal Candidates must submit their Personal Financial Disclosure Statement (PFD) by the filing deadline with **the City Filing Officer/Elections Superintendent.**

<http://media.ethics.ga.gov/Commission/2011Forms/4/CCDRFDPIN-Candidate2011.pdf>

# 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 \_\_\_\_\_.



## Form CCDR

A Campaign Contribution Disclosure Report (CCDR) is a report filed with the Commission by a candidate, committee or public officer which details all expenditures made and all contributions received by the candidate or the campaign committee.

Municipal Candidates must submit their Campaign Contribution Disclosure Report (CCDR) by the filing deadline with **the City Filing Officer/Elections Superintendent.**

## Campaign Contribution Disclosure Report

# Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | [www.ethics.ga.gov](http://www.ethics.ga.gov)

<p><b>1. Report Type</b> <small>(Select One)</small></p> <p><input type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p><b>2. Filing is being made on behalf of (Select One):</b></p> <p><b>Candidate or Public Official</b> Office Held or Sought _____ <small>(Include county, municipality, district, post or judicial seat)</small></p> <p>Filer ID _____ <small>(Filer ID that begins with the letter "C")</small></p> <p><b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: _____</p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand-Delivered Date</p> <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 Name 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"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (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)
<p><b>Supplemental Reporting</b></p> <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year) <p><small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i</small></p>			

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	I have no contributions to report. 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	I have no expenditures to report. 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)		
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\* 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 10/19

**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	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	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer		<input type="checkbox"/> Run-Off Special Primary	
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	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer		<input type="checkbox"/> Run-Off Special Primary	
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	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer		<input type="checkbox"/> Run-Off Special Primary	
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 10/19

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

### 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	<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	<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

## 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					
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		<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					

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 10/19

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

<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>

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

<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>

<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: \$ _____

**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.



## **CAMPAIGN COMMITTEES**

### **About Form RC (Registration of a Candidate Committee)**

The Form RC must be filed with the Commission by every candidate who forms a campaign committee in order to accept contributions, make expenditures, or maintain the candidate's records and reports. **The Form RC must be filed with the Commission** prior to accepting campaign contributions.

### **Who Files Form RC**

This form is an optional form, used by a Candidate to register his/her campaign committee

### **When to file Form RC?**

If a candidate forms a campaign committee, the candidate must register the committee with the State Ethics Commission prior to accepting any contributions through or in the name of the committee. No contributions may be accepted at any time there is a vacancy in either the position of chairman or treasurer. One person may serve as both chairperson and treasurer. The candidate may serve as the chairperson and treasurer. No candidate may have more than one committee.

### **Why file Form RC?**

Candidates are not required to have a campaign committee. Having a campaign committee can assist a candidate in the campaign process.

**RC FORM CAN BE FOUND ELECTRONICALLY AT:**

<http://ethics.ga.gov/filer-information/forms/>





# Georgia Government Transparency & Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

## REGISTRATION FORM FOR A CANDIDATE CAMPAIGN COMMITTEE (FORM RC) – COUNTY/MUNICIPAL LEVEL FILERS

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.**

**ALL LOCAL LEVEL CANDIDATES & ELECTED OFFICIALS: File this form directly with the Campaign Finance Commission via mail or hand-delivery**

<b>1</b>	Today's Date: _____	Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended
<b>2</b>	Committee (Full Name): _____  Address: _____  City, State, Zip: _____  Telephone Number (optional): _____ Email: _____	
<b>3</b>	Campaign Committee Chairperson (full name): _____  Address: _____  City, State, Zip: _____ Email : _____	
<b>4</b>	Treasurer (full name): _____  Address: _____  City, State, Zip: _____ Email : _____	
<b>5</b>	Candidate (full name): _____  Address: _____  City, State, Zip: _____ Email : _____	
<b>6</b>	Name County/City: _____  Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)	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

The City of Clarkston has contracted with DeKalb County to conduct the November 3, 2020 Special election.

The City of Clarkston City Clerk is responsible for qualifying of candidates and submitting qualified candidate names to DeKalb County to be placed on the election ballot.

Below is the contact information should you have questions or need help.

**H. Maxine Daniels**

**Elections Director**

**DeKalb County Department of Registration and Elections**

**4380 Memorial Drive, Suite 300**

**Decatur, Georgia 3032-1239**

**404-298-4020**

**Georgia Government Transparency and Campaign Finance Commission**

**200 Piedmont Avenue**

**Suite 1417, West Tower**

**Atlanta, Georgia 30334**

**P:404-463-1980 / F: 404-463-1988**

**<mailto:gaethics@ethics.ga.gov?subject=Question>**

**<http://ethics.ga.gov>**

**Tracy Ashby**

**City Clerk**

***City of Clarkston***

**1055 Rowland Street**

**Clarkston, Georgia 30021**

**404-296-6489 Phone**

**[tashby@cityofclarkston.com](mailto:tashby@cityofclarkston.com)**

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

For More Information on Training/  
Education visit  
<http://ethics.ga.gov/education-2/>

Have additional questions? Contact us!

GEORGIA GOVERNMENT TRANSPARENCY  
& CAMPAIGN FINANCE COMMISSION

200 Piedmont Ave  
Suite 1416-West Tower  
Atlanta GA 30334

404-463-1980 Phone  
404-463-0229 Fax  
1-866-589-7327 Toll Free

[GAethics@ethics.ga.gov](mailto:GAethics@ethics.ga.gov)