



CITY OF FLEMINGTON

Candidate Information Form and Checklist

Dear Candidate:

Thank you for your interest in the City of Flemington. All correspondence from the Office of the City Clerk will be disseminated to all candidates via email. This form of correspondence promotes transparency and accountability. Included in this packet is valuable information to ensure that you are knowledgeable pertaining to election information.

Each candidate (or incumbent) must have an Electronic Access Code. The application is included in the packet and must be mailed or hand-delivered to the Ethics Commission. The Ethics Commission **REQUIRES** this form, as the filer ID number that they assign is their unique identification number to each candidate. If you are a new candidate, you must complete and mail this form. If you are a current or former candidate, you will keep the same Filer ID# that you had/have. The Clerk does not assign, nor can he/she complete an application for any candidate. The Ethics Commission does not share this information with the Clerk. Please ensure you keep this number in your possession.

I _____, acknowledge that I received the following in my qualifying packet from the City of Flemington.

Please initial confirming receipt.

_____	Welcome Letter & Instructions
_____	Electronic Filing Access Code Application (Form CIF PIN APP 09/17)
_____	Notice of Candidacy and Affidavit (Form-NC-C&M-09)
_____	Personal Financial Disclosure Statement (Form CFC PFD 1/14)
_____	Affidavit of a Candidate's Intent not to Exceed \$2500 in Contributions/Expenditures (Form AFF L2500-1016)
_____	Campaign Contribution Disclosure Report (Form CCCR)
_____	2025 Public Notice of General Election and Qualifying Fees
_____	Qualifying Petition for Filing as a Pauper
_____	Declaration of Intent to Accept Campaign Contributions (Form DOI)
_____	Registration Form for a Candidate Campaign Committee (Form RC)
_____	Two Business Days Report of Contributions Received (Form CFC/TBD REV 01/14)

Signature of Candidate

Office of the City Clerk Staff

Date: _____

Time: _____ AM or PM



Candidate Personal Information Form

Name: _____ DOB: _____

Address: _____

Number & Street

City

State & Zip Code

Phone: Home or Cell please list your preference to be contacted. **Home, Cell, or Business**

Primary Number

Alternate

Email Address: (please print legibly)



OFFICE OF THE CITY CLERK

156 Old Sunbury Road
Flemington, GA 31313
912-877-3223

August 1st, 2025

WELCOME LETTER & INSTRUCTIONS

Greetings, 2025 Candidates!

Thank you for your interest in Flemington City Government. The City of Flemington is governed by a Mayor and six (6) Councilmembers, who each run for a position but are elected by popular vote. City Elections are nonpartisan; (ex: candidates do not run as members of a respective political party). Elected Officials serve for terms of four (4) years.

THE ROLE OF THE CITY COUNCIL

The Mayor and City Council determine policies, enact legislation, and provide leadership in the City. City Council meetings are held on the second Tuesday of each month at 4:30 p.m. at City Hall, which is located at 156 Old Sunbury Road. In addition to the regular meetings, there are special called meetings, workshops, trainings, and public hearings throughout the year. I encourage you to view the city's website at www.cityofflemington.org as it has a wealth of information about the City and its history.

FLEMINGTON §2.11. - CITY COUNCIL TERMS and QUALIFICATIONS FOR OFFICE.

The Mayor and members of the City Council shall serve for terms of four (4) years and until their respective successors are elected and qualified. No person shall be eligible to serve as Mayor or Councilmember unless that person shall have been a resident of the city for twelve (12) months prior to the date of election of Mayor and Members of the Council; each shall continue to reside therein during that member's period of service and to be registered and qualified to vote in municipal elections of this city.

2025 QUALIFYING DATES & FEES

Qualifying for the November 4th, 2025 General Election will be held at Flemington City Hall, located at 156 Old Sunbury Road, Flemington, GA 31313. The qualifying dates are August 18th – 22nd, 2025, the hours of qualifying on each of those days shall be between the hours of 8:30 a.m. to 4:30 p.m. The clock in City Hall determines the time. The qualifying fee for Mayor is \$306.⁰⁰ and the qualifying fee for Councilmembers is \$162.⁰⁰. The Mayor's monthly salary is \$1,250.⁰⁰ and the monthly salary for Councilmembers is \$650.⁰⁰.

CAMPAIGN SIGNS

The City of Flemington promotes healthy campaigning with signs. O.C.G.A. §32-6-51 prohibits the erection, placement, or maintenance of any sign, signal, or other device within the right-of-way of a public road unless specifically permitted.

Simply put, all campaigns signs must not be placed on public streets within the right-of-way (which is generally 15 feet or so from the curb/pavement's edge or in the wood line), medians, attached to trees or poles, placed on any city-owned property, nor placed on private property without the owner's explicit permission. Campaign signs that are within these areas will be removed.

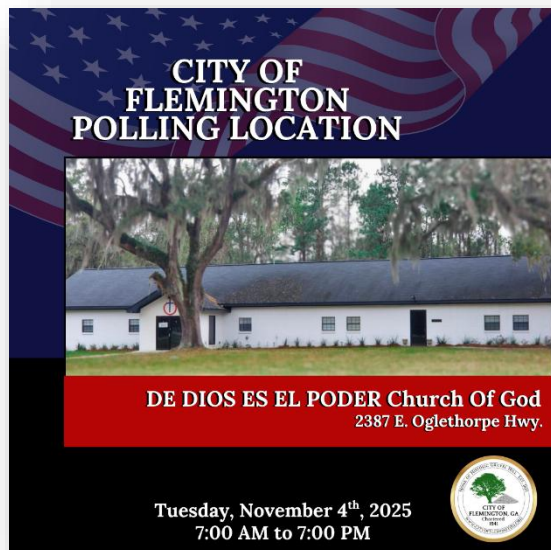
After the election on November 4th, 2025, all candidates are asked to remove their signage as soon as possible, but no later than seven (7) days after the election. All campaign signs not removed will be collected and disposed of.

CAMPAIGNING ON CITY PROPERTY PROHIBITED

Campaigning on City Property is strictly prohibited. There will be no campaigning at City Hall. No campaign signs should be in close proximity to it. This will be strictly enforced.

VOTER REGISTRATION LIST

The cost and price list for the purchase of voter registration list may be obtained through the Georgia Secretary of State's Website at: www.sos.ga.gov.



ELECTION DAY!

Tuesday, November 4th, 2025
7:00 a.m. to 7:00 p.m.

Voting Location:

DE DIOS ES EL PODER Church of God
2387 E. Oglethorpe Highway
Flemington, GA 31313

ADVANCE VOTING (aka EARLY VOTING)

Advance voting for the 2025 General Municipal Election will take place October 14th – 31st, 2025 from 9 a.m.-5 p.m. at two convenient locations in the County.

Old Courthouse Annex
100 Main Street
Hinesville, GA 31313

Liberty County Complex
9397 E. Oglethorpe Hwy
Midway, GA 31320

2025 GENERAL MUNICIPAL ELECTION ADVANCE VOTING CALENDAR						
LOCATION 1 Old Courthouse Annex 100 Main Street Hinesville, GA 31313						
LOCATION 2 Liberty County Complex 9397 E. Oglethorpe Hwy. Midway, GA 31320						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
October	13	14 9a-5p	15 9a-5p	16 9a-5p	17 9a-5p	18 9a-5p
	20 9a-5p	21 9a-5p	22 9a-5p	23 9a-5p	24 9a-5p	25 9a-5p
	27 9a-5p	28 9a-5p	29 9a-5p	30 9a-5p	31 9a-5p	VOTE

QUALIFYING CONTACT LIST

Georgia Ethics Commission
200 Piedmont Avenue
Suite 1402, West Tower
Atlanta, Ga 30334
Phone: 404-463-1980
Fax: 404-463-1988
<http://www.ethics.ga.georgia.gov>

Georgia Secretary of State Elections Office
2 Martin Luther King Jr. Drive
Suite 802 Floyd West Tower
Atlanta, Ga 30334
Phone: 404-656-2871
Fax: 404-651-9531
<http://www.sos.georgia.gov/elections/candidateinformation.html>.

Liberty County Board of Elections
Mrs. Ronda Gross Walthour, Chief Registrar/Elections Supervisor
100 N. Main St.
Suite 1600
Hinesville, GA 31313
Phone: 912-876-3310
Fax: 912-876-2538
www.libertycountyga.com

NOTARY SERVICES

The Flemington City Clerk is a notary who will notarize your qualifying documents at no charge. Valid picture ID is required.

QUICK INFORMATION SHEET

The last page of this document contains a quick information sheet to help determine which forms a candidate will need to submit during Qualifying Week. They are categorized in three (3) different groups – all based on campaign contributions and expense amounts.

Best wishes on a successful campaign.

Jenelle Gordon


JENELLE GORDON

CITY CLERK

A Master Georgia Certified Clerk

FLEMINGTON CITY HALL

156 Old Sunbury Road
Flemington, GA 31313

 cityhall@cityofflemington.org

 912.877.3223  912.877.3233



CAMPAIGN DOCUMENTS

All forms must be completed and signed with your legal name.

Certain documents are required to be filed by the Georgia Government Transparency and Campaign Finance Commission or GGTCFC (formerly known as the State Ethics Commission) with the City Clerk's Office. Their website address is <http://www.ethics.ga.gov> and candidates should familiarize themselves with all forms, publications, and the reporting requirements for candidates. Please review the [Georgia Government Transparency and Campaign Finance Act \(2018 Edition\)](#).

Electronic Filing Access Code Application

Required for new candidates (and some incumbents)

This form must be completed by a first-time candidate (or incumbent without an electronic filing code) and must be completed and returned by the candidate to the Georgia Government Transparency and Campaign Finance Commission. GGTCFC will process the application and send the candidate their electronic PIN that will be needed for Campaign Reports.

Upcoming Changes Under SB 199 (effective January 1st, 2027)

Senate Bill 199, adopted during the 2025 legislative session, moves all reporting to the State Ethics Commission's online e-file system.

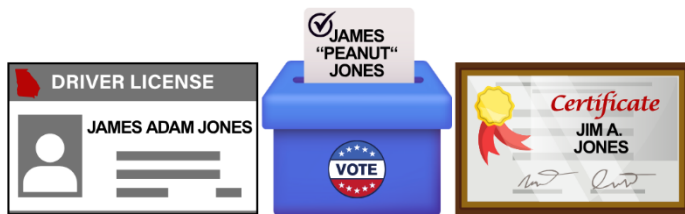
Notice of Candidacy and Affidavit

Required

This form declares a candidate's intention to run for a specific public office formally. It includes information such as their name, residence address, and the office sought, and serves as evidence that the candidate meets the legal requirements for the office sought, such as residency and age.

On page one:

- You must list and sign your legal name
- Your precinct is: Flemington
- Circuit/Precinct/Post: Mayor or City Council
- The election is: 2025 General Election
- The election is held on: November 4th, 2025
- At the bottom of the page, write your name as you want it to appear on the ballot (like a nickname or if people know you by your middle name), and the name you want for official documents.



Example: Your legal name is James Adam Jones; however, on the ballot you want to be listed as James "Peanut" Jones, and on official documents as Jim A. Jones.

On page two:

- Question #1 - Nonpartisan
- Question #2 - Not required and nonpartisan

Personal Financial Disclosure Statement (PFD)

Required

A Personal Financial Disclosure Statement must be filed with the Office of the City Clerk no later than the fifteenth (15th) day following the date of qualifying as a candidate for office (O.C.G.A. §21-5-50(a)(1)) or a significant fine will be imposed. The City Clerk will send the statement to the GGTCFC.

CAMPAIGN CONTRIBUTION REPORTS

Candidates and public officials must account for all contributions and expenses related to their campaign. Reporting requirements vary based on the amount of campaign contributions and expenses.

➤ **Affidavit of a Candidate's Intent Not to Exceed \$2,500 in Contributions and/or Expenditures**

Optional if under \$2500.⁰⁰

If the candidate does not exceed \$2,500.⁰⁰ in contributions or expenditures, then the candidate can file this affidavit with the City Clerk's Office. The affidavit is valid throughout the election cycle (from November 5th, 2025 until the next General Election on November 6th, 2029). This affidavit exempts the need to file Campaign Contribution Disclosure Reports (CCDR's).

➤ **Declaration of Intent to Accept Campaign Contributions (DOI)**

Required for new candidates (and some incumbents)

If you are currently not a public office holding elective office and you plan to run for public office, you must file a DOI BEFORE accepting campaign contributions. The form DOI is filed with the City Clerk which will be sent to the GGTCFC. This simply means a DOI is filed by a brand-new candidate, not by someone already in office, because they would have already filed a DOI when they were a candidate. However, if they are running for a different office then they are considered a new candidate and a DOI is required.

➤ **Campaign Contribution Disclosure Report/Financial Disclosure Report (CCDR/FD)**

Required reporting dates for contributions and/or expenses between \$2500.⁰⁰ and \$5000.⁰⁰

- CCDR's must be filed with the City Clerk by June 30th and December 31st. The City Clerk will send the report to the GGTCFC.

Required reporting dates for contributions and/or expenses over \$5000.⁰⁰

- CCDR's must be filed with the City Clerk on January 31st, April 30th, June 30th, September 30th, October 25th, and December 31st, 2025. The City Clerk will send the report to the GGTCFC. (SB213)

➤ **Registration of Campaign Committee (Form RC)**

Optional – Only if contributions/expenses are more than \$2500.⁰⁰

Candidates are not required to have a campaign committee. However, if a candidate forms a campaign committee the candidate must register the committee with the GGTCFC prior to accepting any contributions. No contributor 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. No candidate may have more than one committee. The Form RC is filed with the Commission (GGTCFC).

➤ **Two Business Day Report of Contributions Received (§21-5-34(c)(2)(C))**

Required for contributions over \$1000.⁰⁰

During the period between the last report due prior to the date of any election for which the candidate is qualified and the date of such election, all contributions of \$ 1,000.⁰⁰ or more shall be reported within two business days of receipt and also reported on the next succeeding regularly scheduled campaign contribution disclosure report.

➤ **Paupers Affidavit**

Optional

A pauper's affidavit may be filed in lieu of paying the qualifying fee. For more information, please contact the Liberty County Board of Elections at (912) 876-3310.

QUICK INFORMATION SHEET

CAMPAIGN CONTRIBUTIONS & EXPENDITURES		
UNDER \$2500	\$2500-\$5000	OVER \$5000
Electronic Filing Access Code Application <i>Required for new candidates (and some incumbents)</i>	Electronic Filing Access Code Application <i>Required for new candidates (and some incumbents)</i>	Electronic Filing Access Code Application <i>Required for new candidates (and some incumbents)</i>
Notice of Candidacy and Affidavit	Notice of Candidacy and Affidavit	Notice of Candidacy and Affidavit
Personal Financial Disclosure Statement (PFD)	Personal Financial Disclosure Statement (PFD)	Personal Financial Disclosure Statement (PFD)
Affidavit of a Candidate's Intent Not to Exceed \$2500 in Contributions and/or Expenses	Declaration of Intent to Accept Campaign Contributions (DOI)	Declaration of Intent to Accept Campaign Contributions (DOI)
	Campaign Contribution Disclosure Report/Financial Disclosure Report (CCDR/FD) <i>See deadlines on pg. 5</i>	Campaign Contribution Disclosure Report/Financial Disclosure Report (CCDR/FD) <i>See deadlines on pg. 5</i>
	Registration of Campaign Committee <i>Optional</i>	Registration of Campaign Committee <i>Optional</i>
	Two Business Day Report of Contributions <i>For donations over \$1000</i>	Two Business Day Report of Contributions <i>For donations over \$1000</i>

ELECTRONIC FILING ACCESS CODE APPLICATION

Forms must be mailed or hand delivered to:

Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave S.E. / Suite 1416 – West Tower / Atlanta, GA 30334

This form will allow the Commission to grant access to its online e-Filing system by emailing you a Filer ID and Password.

INCOMPLETE FORMS WILL NOT BE PROCESSED • IF FORM IS HANDWRITTEN, IT MUST BE LEGIBLE. • PLEASE PRINTSelect Form Type: ☐ Original ☐ AmendedI AM A: ☐ Candidate ☐ Public Officer ☐ Lobbyist ☐ Non Candidate Committee
☐ Qualifying Officer: Filing Office _____
☐ Vendor Gift: Vendor Name _____

Name/Contact: _____

Office/Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Initial

I understand that with the filing of this application a Filer ID & password will be sent to my above email address.
I understand this confidential PIN number assigned to the above named person and only the Commission staff
and the listed person will have access to this confidential number.**Verification Must Be Notarized**

State of _____, County of _____

I, the undersigned do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE: _____

NOTARY PUBLIC (SIGN NAME): _____

PRINT NOTARY'S NAME: _____

My Commission Expires: _____

This document was sworn to or affirmed and subscribed before me on _____

For Office Use Only

Filer ID

Approved By: _____ Date _____

TO: _____
Superintendent of Elections
of _____ County/Municipality
State of Georgia

NOTICE OF CANDIDACY AND AFFIDAVIT
(COUNTY/MUNICIPALITY)

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

my residence address is _____
(Street Number) (Street)

(City) (County) (State) (Zip Code);

my post office address is _____;

my telephone number is _____;
(Business) (Home)

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

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

(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)

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 _____.

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

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission200 Piedmont Avenue S.E. | Suite 1416 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 seat)</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 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)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)			

*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

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					
City	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
State Zip					
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
State Zip					
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
State Zip					
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	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2	<input type="checkbox"/> Candidate
City	<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	City	<input type="checkbox"/> Other Than Candidate Committee Name
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	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2	<input type="checkbox"/> Candidate
City	<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	City	<input type="checkbox"/> Other Than Candidate Committee Name
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		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 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					
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.

*"Preserving Our Heritage,
Shaping Our Future"*

Historic Home of Gravel Hill
Est. 1815

Paul Hawkins, MAYOR



City Hall
156 Old Sunbury Rd.
Flemington, GA 31313

912.877.3223
cityhall@cityofflemington.org

STATE OF GEORGIA
CITY OF FLEMINGTON

PUBLIC NOTICE OF GENERAL ELECTION AND QUALIFYING FEES

The City of Flemington will hold a General Election on **Tuesday, November 4th, 2025** from **7:00 a.m. to 7:00 p.m.** with the place of said election being in the **DE DIOS ES EL PODER Church of God** located at **2387 East Oglethorpe Highway**, Flemington, Georgia for the positions of Mayor and six (6) Council members. Pursuant to O.C.G.A. §21-2-131 (a)(1), the qualifying fee for the position of Mayor of \$306 and qualifying fee for the position of Council member of \$162 was set by the Flemington City Council at the January 14th, 2025 Council meeting.

Qualifying packets can be picked up at City Hall during regular business hours beginning August 1st, 2025. Packets are also available on our website at www.cityofflemington.org.

Qualifying for the offices listed above will begin on Monday, August 18th, 2025 and will continue day-to-day through Friday, August 22nd, 2025. The hours of qualifying each day shall be from 8:30 a.m. to 4:30 p.m. The place of qualifying shall be the office of the City Clerk of the City of Flemington, Georgia being the office of the Election Superintendent, located at City Hall, 156 Old Sunbury Road, Flemington, Georgia.

Terms of office will begin January 1st, 2026 and will expire on December 31st, 2029. Eligibility to serve requires candidates be 18 years of age, a resident of the City of Flemington, Georgia for at least one year immediately prior to the date of such candidate's election, a registered and qualified voter in the Municipal Election and shall continue to reside in the City during term of office.

QUALIFYING FEE

Mayor - \$306
Council Member - \$162

We accept:

Exact cash
Personal Check or Cashier's Check
Money Order
Credit Card/Debit Card (+ 3% convenience fee)



JENELLE GORDON

City Clerk/Election Superintendent
City of Flemington

CIRCULATOR'S AFFIDAVIT

STATE OF GEORGIA

COUNTY OF _____

I, the undersigned, being first duly sworn on oath, do depose and say that I personally circulated the foregoing petition sheet; that I reside at the address appearing below my signature hereon; that each signer manually signed his or her own name on this sheet with full knowledge of the contents of such petition; that each such signature was signed on or after _____, 20____, but not later than _____, 20____; and, to the best of my knowledge and belief, that such signers are registered electors of the State of Georgia qualified to sign such petition, that their respective residences are correctly stated in the petition, and that they all reside in the county named in the caption of this affidavit.

Signature of Circulator

(Print Name of Circulator)

Address of Circulator (Number, Street (if any))

(City) (State) (Zip Code)

NOTE: No notary public may sign the petition as an elector or serve as a circulator of any petition which he or she notarized. Any and all sheets of a petition that have the circulator's affidavit notarized by a notary public who also served as a circulator of one or more sheets of the petition or who signed one of the sheets of the petition as an elector shall be disqualified and rejected. O.C.G.A. 21-2-170

Sworn to and subscribed before me this
____ day of _____, 20____

Notary Public

My Commission Expires _____.

TO: _____
(Name of Filing Officer)

(Title of Office)

AFFIDAVIT TO QUALIFY IN FORMA PAUPERIS

I, _____, on oath, do hereby affirm my poverty and my resulting inability to pay the qualifying fee required by law.

I further swear or affirm that I have neither the assets nor the income to pay the qualifying fee required by law.

I further swear or affirm that the responses which I have made to the questions and instructions below relating to my ability to pay the qualifying fee required by law are true.

I. ASSETS

Include all assets in which you have any interest whether by legal or equitable title, joint ownership, partnership interest, or beneficiary of a trust, including assets held by others on your behalf. Use additional sheets of paper to complete items if more space is needed.

Present Value of Your Interest

Cash

Checking (name of Bank) _____ \$ _____

Savings (name of Bank) _____

Stocks and Bonds

Notes and Accounts Receivable

Real Estate

Residence (location) _____

Other (location) _____

Insurance Cash Value

(Name of Company and Cash Value) _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Cash Value _____

Automobiles

(Make, Year, Model) _____

Other Assets

TOTAL ASSETS (Total of all items in I, above) \$ _____

II. **INCOME**

A. List average monthly amount for all items below:

	Name and address of employer, business, or source of income	Monthly Average
SOURCE OF INCOME		
Salary, Wages, Tips	<div></div>	\$ <div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Income from Self-Employment	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Rents Received	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Interest Received	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Dividends Received	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Other Income	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
TOTAL AVERAGE MONTHLY INCOME (Total of all items in II(A), above)		\$ <div></div>

B. List average monthly amount for all items below:

Liabilities	Name and address of Creditors	Monthly Average
Home Mortgage	<div></div>	\$ <div></div>
	<div></div>	<div></div>
Automobile Loans	<div></div>	<div></div>
	<div></div>	<div></div>
Personal Loans	<div></div>	<div></div>
	<div></div>	<div></div>
Consumer Credit	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Credit Cards	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Other Liabilities	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
TOTAL AVERAGE MONTHLY LIABILITIES (Total of all items in II(B), above)		\$ <div></div>
TOTAL AVERAGE MONTHLY DISPOSABLE INCOME (II(A) - II(B))		\$ <div></div>

III. **DEPENDENTS**

List the names and relationship of all persons dependent upon you for financial support.

<u>Name</u>	<u>Relationship</u>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

WARNING: Any person knowingly making any false statement on this affidavit commits the offense of false swearing and shall be guilty of a felony.

Applicant

Sworn to and subscribed before me this

_____ day of _____, 20 _____

Notary Public

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) - STATE/STATEWIDE FILERS**

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

STATEWIDE/STATE LEVEL FILERS: File this form directly with the Campaign Finance Commission via mail or hand-delivery

1	Today's Date: _____		
2	Candidate (full name): _____ Address: _____ City, State, Zip: _____ Telephone (optional): _____ Email: _____		
3	<table border="1"><tr><td>Select Office Type: <input type="checkbox"/> Statewide <input type="checkbox"/> State Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)</td><td>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 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
Select Office Type: <input type="checkbox"/> Statewide <input type="checkbox"/> State 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		
4	Next Election Year: _____		

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

Signature of Candidate

Date

STATEWIDE/STATE LEVEL FILERS: File this form directly with the Campaign Finance Commission via mail or hand-delivery



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

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

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

Signature of Person Registering Committee

Date _____

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

State of Georgia**Two Business Days Report of Contributions Received**

MUST BE SENT VIA FACSIMILE (404-463-1988) OR ELECTRONIC TRANSMISSION.

ANY FACSIMILE FILING SHALL ALSO HAVE AN IDENTICAL ELECTRONIC FILING WITHIN FIVE BUSINESS DAYS FOLLOWING THE TRANSMISSION OF SUCH FACSIMILE FILING.

To be used to report contributions (including loans) of \$1,000 or more,

IF RECEIVED BETWEEN LAST REPORT DUE BEFORE AN ELECTION AND THE ELECTION.

Must be reported within two business days of receipt!

Use Earlier of Post
Mark or Hand
Delivered Date

Identifying Information:

Candidate or Committee Name

Office Sought

E-Mail

Filer ID (begins with the letter "C")

Mailing Address (number and street)

City

State

Zip

Full Name of Contributor Mailing Address (PAC Affiliation if applies)	Contributor		Election	Amount
	Received Date Contribution Type*	Occupation & Employer		

* Monetary, In-Kind or Loan

I certify and affirm that I have examined this report, and say that the information in this report 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.

I further affirm that I understand that the above contribution(s) must also be reported on the next succeeding regularly scheduled campaign contribution disclosure report.

Name of Candidate Chairman Treasurer

Signature

Date