

Municipal Election for the City of Andersonville

Tuesday, November 4, 2025

Sumter County/Andersonville Fire Department,
106 N. Oglethorpe Street, Andersonville, Georgia

The posts and incumbents for this election are:

POST 1: Scottie Barnes

POST 3: Velma Coley

POST 5: Penny Williams

All seats run citywide, but candidates must declare which post they are seeking at the time of qualifying.

The City Council regularly meets on the first Monday of each month. Newly elected officials are required by law to attend a course of training and education on matters pertaining to the administration and operation of municipal government during a period prescribed by the board (within one year of election).

In order to qualify for the position of Mayor or Councilmember, you must meet the following requirements:

- Must be a one (1) year City of Andersonville resident as of the first Tuesday in November of the year for which you are qualifying.
- Must be a qualified voter in municipal elections for Andersonville.
- Must state which seat/post for which you are qualifying.
- Must pay to the City a qualifying fee of \$78.48 for the position of Councilmember or \$117.36 for the position of Mayor.

Additional Georgia Constitution requirements found in O.C.G.A. § 45-2-1:

- Shall not have been convicted of a felony involving moral turpitude
- Shall not be the holder of public funds illegally.
- Shall not have been convicted and sentenced for fraudulent violation of primary or election laws, malfeasance in office, or felony involving moral turpitude.

Items to complete and return to the City DURING the qualifying period:

- Notice of Candidacy and Affidavit
- Payment of Qualifying fee (cash, check or money order payable to City of Andersonville)
- Candidate Information Submission Form

All successful new candidates are required to attend state training for newly elected officials.

Candidate forms and reporting requirements (enclosed)

1. **Notice of Candidacy and Affidavit** must be filed during the qualifying period.
2. **Declaration of Intention to Accept Campaign Contributions** (which must be filed with the City Clerk before accepting contributions); All candidates must file the DOI regardless of whether any money will be raised or spent.
3. **Campaign Contribution Disclosure Report.** All candidates must file reports with the City Clerk, regardless of whether any money was raised or spent.
4. **Affidavit of Candidate's Intent NOT to Exceed \$2500 in Contributions and/or Expenditures.** Suppose you do not plan to accept/expend a combined total of contributions or expenditures exceeding \$2,500. In that case, you are eligible to file the "Affidavit of a Candidate's Intent not to Exceed \$2,500 in Contributions and/or Expenditures". (File with the City Clerk)
5. **Personal Financial Disclosure Statement** (to be completed by ALL CANDIDATES and must be filed with the City Clerk). A Financial Disclosure Statement covering the period of the preceding calendar year shall be filed no later than the fifteenth (15th) day following the date of qualifying as a candidate.
6. **Candidate Information Submission Form**

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

***Georgia Government Transparency & Campaign Finance Commission Filing Schedule included.*

Qualifying dates are August 19, 2025, through August 21, 2025 during the hours of 8:30 a.m. - 4:30 p.m. allowing one (1) hour for lunch (12:00 p.m. – 1:00 p.m.) at the Andersonville City Offices, located at 114 Church Street.

IMPORTANT ETHICS REPORTING CHANGES IN 2026 AND 2027 PLEASE READ CAREFULLY

FOR QUESTIONS, CALL ETHICS COMMISSION 404-463-1980

- Effective January 1, 2026 their CCDD and PFDS filing schedule will change for all filers to the following.

All local filers will continue to file with their local filing officer following this schedule until December 31, 2026. Election and Non-Election year schedules will now be the same regardless of election year or non-election year going forward.

Campaign Contribution Disclosure Reports (CCDD):

- January 31
- April 30
- July 31
- October 20
-

Personal Financial Disclosure Statement (PFDS):

All County Officials and Local Boards of Education April 1.
All Municipal Officials September 1

- Effective January 1, 2027, all local filers will begin filing directly with the state and will no longer file any documents or reports with their local filing officer.

CANDIDATE FORMS & DISCLOSURES



Georgia Government Transparency
& Campaign Finance Commission

KNOW THE LINGO

DOI

Declaration of Intention
to Accept Contributions

RC

Registration Form for
a Candidate's Campaign
Committee

COOSA

Choosing the Option of
Separate Accounting

PIN APP

Electronic Filing Access
Code Application

CCDR

Campaign Contribution
Disclosure Statement

FR&TS

Final Report &
Termination Statement

PFDS

Personal Financial
Disclosure Statement

TBD

Two Business
Day Report

Local Filing Officer

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

FORMS

Declaration of Intention to Accept Campaign Contributions

Reference: O.C.G.A. § 21-5-30(g)

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

Registration Form for a Campaign Committee

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

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

Choosing the Option of Separate Accounting

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

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

Electronic Filing Access Code Application

Reference: O.C.G.A. § 21-5-34.1(a)

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

DISCLOSURES

Campaign Contribution Disclosure Report

Reference: O.C.G.A. § 21-5-34

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

Final Report & Termination Statement

Reference: O.C.G.A. § 21-5-34 (m)

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

Personal Financial Disclosure Statement

Reference: O.C.G.A. § 21-5-50

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

Two Business Day Report

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

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

Georgia Government Transparency & Campaign Finance Commission

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

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

CITY OF ANDERSONVILLE

CIVIL WAR VILLAGE

114 CHURCH STREET
POST OFFICE BOX 35
ANDERSONVILLE, GA 31711-0035

229-924-2068
(fax) 229-931-0762
andersonville@bellsouth.net

Candidate Information Submission Form

Please complete the following and return the completed information to the Andersonville City Clerk during the qualification period.

1. Ballot Name Request

Indicate how you would like your name to appear on the ballot by printing it clearly. Please provide your initials and the date.

Printed Name: _____

Initials: _____

Date: _____

2. Publication of Contact Details

Once qualifying closes, all candidate names and the posts they are seeking will be posted on the City website. Please be aware that newspapers, radio stations, local television stations, etc. will generally request this information and publish it as well. Please provide contact information to be shared with media representatives.

Phone Number: _____

Email: _____

3. Official Documents Name Request

If elected, indicate how you wish your name to appear on official documents. Please print legibly, provide your initials, and date.

Printed Name: _____

Initials: _____

Date: _____

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

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

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

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

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

my post office address is _____;

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

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

the name of my precinct is _____; I am an elector of the county/municipality of my

residence eligible to vote in the election in which I am a candidate; the name of the office I am seeking is

_____; my date of birth is _____; as of the general election for this office,
(Circuit, District, or Post if Applicable)

I will have been a legal resident of the State of Georgia for _____ consecutive years; a legal resident of _____ county for
_____ consecutive years; a legal resident of my district (if applicable) for _____ consecutive years; and
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 running to be the nominee of the _____ Party (Body) nominated by:

☐ Convention;

☐ 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
JUDGE OF THE PROBATE COURT
SHERIFF
CORONER
TAX RECEIVER
TAX COLLECTOR
TAX COMMISSIONER

O.C.G.A. § 15-6-50(b)(2)
O.C.G.A. § 15-9-2(a)(2)
O.C.G.A. § 15-16-1(c)(2)
O.C.G.A. § 45-16-1(b)(2)
O.C.G.A. § 48-5-210(b)(2)
O.C.G.A. § 48-5-210(b)(2)
O.C.G.A. § 48-5-210(b)(2)

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS (FORM DOI)

1 Today's Date:

2 Candidate (full name): _____

Address: _____

City, State, Zip: _____

Telephone (optional): _____ Email : _____

3 Select Office Type: ☐ Statewide ☐ State ☐ County ☐ Municipal

Name of Office Sought or Held: _____
(include district, post, or judicial circuit if applicable)

☐ Democrat ☐ Non Partisan
☐ Republican ☐ Other

4 Next Election Year:

Complete sections 5 and 6 ONLY if you have a campaign committee.
This information does not register a campaign committee. (Please use Form RC to register.)

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

6	Treasurer (full name):	
	Address:	
	City, State, Zip	
	Email :	

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

Date _____

STATEWIDE/STATE LEVEL FILERS: File with Campaign Finance Commission
COUNTY/MUNICIPAL: File with Local Filing Officer
LOCAL FILING OFFICERS: eFax 1-866-914-7974 or eMail localreports@ethics.ga.gov

Campaign Contribution Disclosure Report Georgia Government Transparency and Campaign Finance Commission 200 Piedmont Avenue S.E. Suite 1402 West Tower Atlanta, GA 30334 404-463-1980 www.ethics.ga.gov											
1. Report Type <small>(Select One)</small> <input type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought _____ <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>		Use Earlier of Post Mark or Hand Delivered Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
3. Identifying and Contact Information (1) _____ (2) _____ <i>Full Name of Candidate or Other Than Candidate Campaign Committee</i> <i>Today's Date</i> (3) _____ <i>Mailing Address</i> <i>City</i> <i>State</i> <i>Zip Code</i> (4) _____ and/ or _____ <i>Primary Contact Phone Number</i> <i>E-Mail</i> (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? <input type="checkbox"/> Yes <input type="checkbox"/> No (6) If yes, is the committee registered with the Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No (7) If yes, complete the following: _____ <div style="display: flex; justify-content: space-between;"> <i>Name of Committee Chairperson</i> <i>Name of Committee Treasurer</i> </div>											
4. Period for which you are Reporting <div style="text-align: center; font-weight: bold; margin-bottom: 5px;">You Must Check Only One Box</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">My Non Election Year</th> <th style="width: 25%;">My Election Year</th> <th style="width: 25%;">Run-Offs <small>(Report required only if you are in a Run-Off Election)</small></th> <th style="width: 25%;">Special Election</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small> </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year) </td> <td style="vertical-align: top; padding: 5px;"> <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) </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year) </td> </tr> </tbody> </table>				My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)
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<div style="display: flex; justify-content: space-between;"> State of _____ County of _____ </div> <p>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.</p> <p>Sworn to and subscribed before me on _____, 20____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> _____ <i>Signature of Notary Public</i> </div> <div style="width: 30%;"> _____ <i>Commission Expiration</i> </div> <div style="width: 30%;"> _____ a. <i>Signature of Candidate</i> b. <i>Organization/Chairperson/Treasurer</i> </div> </div>											

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

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

EXPENDITURES MADE

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

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		
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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 1/14

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
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* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name _____

CFC-CCDR 1/14

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date 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 \$ _____ \$ _____

Public Officer/Candidate/Other Than Candidate Committee Name _____

Page ____ of ____

CFC-CCDR 1/14

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

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

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

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

CFC-CCDR 1/14

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

CFC-CCDR1/14

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date <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	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date <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	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date <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	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				

Page Total \$ _____

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

CFC-CCDR 1/14

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

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

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name			Account #		
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____			Value at beginning of reporting period \$		
			Value at end of reporting period \$		
			Difference in value \$		
			Interest Paid Out \$		
			Cash Dividends \$		
Investment Transactions					
<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> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>			Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____		

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

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

STATE OF GEORGIA

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

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

Per O.C.G.A. §21-5-34(d)(d.1)(1),

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

_____ in _____
(Office Sought/or Held) (City or County)

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

I understand that if I, the above named candidate, exceed the \$2,500 limit for either accepting contributions or making expenditures for such campaign during the election cycle, but do not accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 then I, the above named candidate, **SHALL** be required to file only the June 30 and December 31 reports required by O.C.G.A. §21-5-34 (c) (2). The first of such reports shall include all contributions received and expenditures made beginning January 1 of such calendar year.

Furthermore, I understand that if I, the above named candidate accepts a combined total of contributions exceeding \$5,000.00 or makes expenditures exceeding \$5,000.00 for such campaign during any such election cycle, then such candidate or campaign committee chairperson or treasurer shall thereupon be subject to the reporting requirements of this Code section the same as if the written notice authorized by this subsection had not been filed.

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

State of Georgia

County of _____

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

Sworn to and subscribed before me on _____, _____

Signature of Notary Public

Signature of Candidate/Chairman/Treasurer filing Affidavit

My Commission expires on _____, _____

Notary Seal

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334
| 404-463-1980 | www.ethics.ga.gov

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 _____.

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 PRINT

Select Form Type: ☐ Original ☐ Amended

I 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: _____

PUBLIC NOTICE OF QUALIFYING FEES
CITY OF ANDERSONVILLE
MUNICIPAL ELECTION

Notice is hereby given for a municipal election to be held at the Sumter County/Andersonville Fire Department, 106 N. Oglethorpe Street, Andersonville, Georgia on Tuesday, November 4, 2025, to elect three (3) members of the Andersonville City Council. The Councilmember posts and incumbents for this election are:

POST 1: Scottie Barnes POST 3: Velma Coley POST 5: Penny Williams

The last day to register and be eligible to vote in the November General Election is October 6, 2025.

Qualifying

Qualifying dates are August 19, 2025, through August 21, 2025 during the hours of 8:30 a.m. - 4:30 p.m. allowing one (1) hour for lunch (12:00 p.m. – 1:00 p.m.) at the Andersonville City Offices, located at 114 Church Street.

Running for Office

The Andersonville Mayor and Council serve four-year, staggered terms. There are no term limits for these positions. In order to qualify for the position of Councilmember, you must meet the following requirements:

1. Must be a one (1) year City of Andersonville resident as of the first Tuesday in November of the year for which you are qualifying.
2. Must be a qualified voter in municipal elections for Andersonville.
3. Must state which seat/post for which you are qualifying.
4. Must pay to the City a qualifying fee of \$78.48 for the position of Councilmember.