Campaign Contribution Disclosure Report Recall

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
(Select One)

☐ Original

☐ Amendment

Amendment # _____

2. This committee is designed to (Check One):

☐ Bring about the recall or oppose the recall of a statewide public official
☐ Bring about the recall or oppose the recall of a member of the general assembly
☐ Bring about the recall or oppose the recall of a county public official or a municipal public official

Name of Public Officer being recalled: _____
Office held by such officer: _____
Filer ID: _____
(Filer ID that begins with the letter "NC")

Use Earlier of Post Mark or Hand Delivered Date

3. Identifying and Contact Information

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

(3) _____
Mailing Address *City* *State* *Zip Code*

(4) _____ and/ or _____
Contact Phone Number *E-Mail*

(5) Is the committee registered with the Commission? ☐ Yes ☐ No

(6) 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

Recall Committee Filing Period

☐ (Initial Report) - Within 15 days after the date the official recall petition forms were issued to the sponsors

☐ (Second Report) - 45 days after the filing of the initial report

☐ (Third Report) - Within 20 days after the election superintendent certifies legal sufficiency or insufficiency of a recall petition

☐ (Final Report) - Prior to December 31 of the year in which the recall election is held, or, in any case where such recall election is NOT held, prior to December 31 of any year in which such campaign committee accepts contributions or makes expenditures.

Verification by Oath or Affirmation

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*

(Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Act shall be guilty of a misdemeanor.)

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

	CONTRIBUTIONS RECEIVED		
1	☐ I have no contributions to report. ☐ I have the following contributions, including Common Source, to report:	**In-Kind Estimated Value**	**Cash Amount**
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		
3a	All loans received this reporting period.		
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of $100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		
	EXPENDITURES MADE		
7	☐ I have no expenditures to report. ☐ I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		
10	Total amount of all separate expenditures of $100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page		
11	Total expenditures reported this period. (Line 9 + 10)		
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		
	INVESTMENTS		
13	Total value of investments held at the beginning of this reporting period.		
14	Total value of investments held at the end of this reporting period.		
	TOTAL NET BALANCE ON HAND		
15	Net balance on hand. (Line 6 - 12 + 14)		

* 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: _____		Amount
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: _____		Amount
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: _____		Amount
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 Received Date Contribution Type*	Occupation & Employer	Election Cycle**	Cash Amount	In-Kind Contributions Estimated Value Description
First Name / Business Name Last Name Address	Date	Occupation	☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Cash Amt.	Est. Value
Address2 City State / Zip Aff. Comm.	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description
First Name / Business Name Last Name Address	Date	Occupation	☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Cash Amt.	Est. Value
Address2 City State / Zip Aff. Comm.	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description
First Name / Business Name Last Name Address	Date	Occupation	☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Cash Amt.	Est. Value
Address2 City State / Zip Aff. Comm.	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description

Itemized Contributions Page Total $ _____ $_____

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name			☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary		
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description
City					
State / Zip					
Aff. Comm.					

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name			☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary		
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description
City					
State / Zip					
Aff. Comm.					

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name			☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary		
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description
City					
State / Zip					
Aff. Comm.					

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name			☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary		
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer			Description
City					
State / Zip					
Aff. Comm.					

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 Address2 City State / Zip	3. ☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Address Address2 City State / Zip	3. ☐ Public Officer ☐ Candidate ☐ Other Than Candidate Committee Name
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address Address2 City State / Zip	3. ☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Address Address2 City State / Zip	3. ☐ Public Officer ☐ Candidate ☐ Other Than Candidate Committee Name

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 Last Name Address Address2 City State / Zip	Date ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment	Occupation Employer		
First Name Last Name Address Address2 City State / Zip	Date ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment	Occupation Employer		
First Name Last Name Address Address2 City State / Zip	Date ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment	Occupation Employer		

Page Total $ _____

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)

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

* 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

Total value of investments at beginning of reporting period $	Page Total Cash Dividends: $ _____
Total value of investments at end of reporting period $	Page Total Interest Paid Out: $ _____
Total difference in value $	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.