

Campaign Contribution Disclosure Report Non Candidate Committee 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

<p>1. Report Type <small>(Select One)</small></p> <p><input type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p>2. Filing is being made on behalf of Organization or Person Other than Candidate's Campaign Committee.</p> <p>Committee Name: _____</p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>For Filing Office Use Only</p>
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3. Identifying and Contact Information

(1) _____ (2) _____
Full Name of Committee *Today's Date*

(3) _____
Mailing Address *City* *State* *ZipCode*

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

(5) Date of Registration _____

(6) Complete the following:

_____ _____
Name of Committee Chairperson *Name of Committee Treasurer*

4. Period for which you are reporting: file campaign contribution disclosure reports at the same times as required of the candidates the committee is supporting.

You Must Check Only One Box

Non-Election Year	Election Year	Run-Offs	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)

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* *Signature of 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 to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first report of this calendar year ENTER 0 in both columns; or B. If this filing is the second or subsequent filing of this calendar year, 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 committee 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.		
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 calendar year. (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 calendar year, 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		
10a	Total amount of all non-itemized administrative expenditures less than \$100.00		
11	Total expenditures reported this period. (Line 9 + 10)		
12	Total expenditures to date. Total to be carried forward to next report of this calendar year. (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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**State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtedness**

Election* _____ 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* _____ Election Year: _____		<u>Amount</u>
	Outstanding indebtedness at the beginning of this reporting period.	
	Loans received this reporting period.	
	Deferred payment of expenses this reporting period	
	Payments made on loans this reporting period.	
	Credits received on loans this reporting period	
	Payments this reporting period on previously deferred expenses.	
	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election* _____ Election Year: _____		<u>Amount</u>
	Outstanding indebtedness at the beginning of this reporting period.	
	Loans received this reporting period.	
	Deferred payment of expenses this reporting period	
	Payments made on loans this reporting period.	
	Credits received on loans this reporting period	
	Payments this reporting period on previously deferred expenses.	
	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

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

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		Cash	In-Kind Contributions	
	Received Date	Occupation & Employer	Amount	Estimated Value	
	Contribution Type	Employer		Description	
First Name/Business Name	Date	Occupation	Cash Amt.	Estimated Value	
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer			Description
City					
State		Zip			
Affiliated Committee					
First Name/Business Name	Date	Occupation	Cash Amt.	Estimated Value	
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer			Description
City					
State		Zip			
Affiliated Committee					
First Name/Business Name	Date	Occupation	Cash Amt.	Estimated Value	
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer			Description
City					
State		Zip			
Affiliated Committee					
First Name/Business Name	Date	Occupation	Cash Amt.	Estimated Value	
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer			Description
City					
State		Zip			
Affiliated Committee					

First Name/Business Name		Date	Occupation	Cash Amt.	Estimated Value
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer		Description
Address					
Address2					
City					
State	Zip				
Affiliated Committee					
First Name/Business Name					
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer		Description
Address					
Address2					
City					
State	Zip				
Affiliated Committee					
First Name/Business Name					
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer		Description
Address					
Address2					
City					
State	Zip				
Affiliated Committee					
First Name/Business Name					
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer		Description
Address					
Address2					
City					
State	Zip				
Affiliated Committee					
First Name/Business Name					
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Credit Received on Loan <input type="checkbox"/> Common Source	Employer		Description
Address					
Address2					
City					
State	Zip				
Affiliated Committee					

Itemized Contributions Page Total \$ _____ \$ _____

State of Georgia Campaign Contribution Disclosure Report Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address		Address	
Address2		Address2	
City		City	
State	Zip	State	Zip
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address		Address	
Address2		Address2	
City		City	
State	Zip	State	Zip
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ _____	

* 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	Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid			
First Name/Business 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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer					
Address2							
City							
State		Zip					
First Name/Business 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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer					
Address2							
City							
State		Zip					
First Name/Business 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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer					
Address2							
City							
State		Zip					

Itemized Expenditure Page Total \$ _____

List Name and Mailing Address of Recipient		Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name/Business Name		<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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name			Employer		
Address					
Address2					
City					
State	Zip				
First Name/Business Name		<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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name			Employer		
Address					
Address2					
City					
State	Zip				
First Name/Business Name		<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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name			Employer		
Address					
Address2					
City					
State	Zip				
First Name/Business Name		<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 Expense <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name			Employer		
Address					
Address2					
City					
State	Zip				

Itemized Expenditure Page Total \$ _____

**State of Georgia
Campaign Contribution Disclosure Report
Investments Statement**

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

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

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

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

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

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

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