State Ethics Commission

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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 July 31 and October 20 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

COUNTY/MUNICIPAL FILERS: File this form with the Local Filing Officer in your county and/or municipality

LOCAL FILING OFFICERS: Upload a copy via the e-filing system (efile.ethics.ga.gov)