

**STATE OF GEORGIA
CAMPAIGN CONTRIBUTION DISCLOSURE REPORT**

Electronically Filed With _____
(City or County Filing Officer)

Date of This Filing: _____

Name of Public Officer or Candidate: _____

Mailing Address: _____

Telephone Number: (Office) _____ (Home) _____

Name of Public Office Held or Sought: _____
(Include County, Municipality, District, Post or Judicial Circuit)

**PAPER NOTARIZED AFFIDAVIT REQUIRED FOR ANY CAMPAIGN CONTRIBUTION
DISCLOSURE REPORTS FILED ELECTRONICALLY.**

**SEND TO:
State Ethics Commission
200 Piedmont Avenue
Suite 1416 – West Tower
Atlanta, GA 30334**

State of Georgia County of _____

I, the undersigned, being duly sworn, do swear or affirm, certify and say that the Campaign Contribution Disclosure Report that I have filed electronically (this affidavit and the information hereinabove set forth constitute the first portion thereof) is true, complete, and correct to the best of my knowledge and belief.

Sworn to and subscribed before me on _____, 20 _____.

Signature of Notary Public

Signature of Affiant Filer

My Commission Expires on _____, 20 _____.