FAX CONFIRMATION

Result: Success

Sent by:

Name:

Smyrna Admin Fax

Voice Number:

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RightFax ID: WALKUP

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Fax User

Company:

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AHF 1250

STATE OF GEORGIA

Georgia Government Fransparency and Campaiga Finance Commission 200 Pledmont Ave SE, Suite 1402-West Tower, Atlanta, GA 30334

APPEDAVIT 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),

Con Neca A fresh tale is a cardidate for public officer of

(Fill Name of Cardidate)

Ward A Court (id in Square to

(Office Scoughtor Head)

(City of Comp)

By subusining the form I am affirming that I, the above nomed candidate, do not income to secret during this attence cycle* a combined total of countrivisions encoding \$2.500.00 for the comparing nor make a combined total of expressions recedeng \$2.500.00 for the comparing nor make a \$2.500.00 for depressions recedeng \$2.500.00 for above to the conditions of the conditi

I understand that if I, the above named condidate, exceed the \$2,400 limit for either accepting on, triounces or making expenditures for such campaign during the election type, but do not socret a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 then I has above named condisions. Efficielly, be requerted to fill only the June 30 and October 23 reports, required by O.C.G.A. \$21.5-34 (c) (2). The first of such reports shall nethed all contributions received and capenditures made beginning January I of such calendar year.

Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate <u>SHALL</u> be subject to the reporting representation of this Code section for some as if the written action and or without the product of the section of the section for some as if the written action and the product of the section for some as if the written action and the section is also been filled.

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

(Full Name of Candidate)

Word 2 Council in Smyth

(Office Sought/or Held)

(City of 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

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

Per O.C.G.A. §21-5-34(d)(d.1)(1),

O.C.G.A. §21-5-34 (c).

| 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 October 25 reports required expenditures made beginning January 1 of such calendar year. |
|---|
| Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate SHALL 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 world. |
| 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 |
| |
| State of Georgia County of Cobb |
| 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. |
| Swom to and subscribed before me on January 35, 2019 |
| Signature of Notary Public Signature of Candidate/Chairman/Treasurer filing Affidavit |
| My Commission expires on 5-9, 2022 Notary Seal, 74 |
| COUNTY, GUILLING |