

## Campaign Contribution Disclosure Report

### 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><b>1. Report Type</b> (Select One)</p> <p><input checked="" type="checkbox"/> Original Report</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p><b>2. Filing is being made on behalf of: (Select One)</b></p> <p>Candidate or Public Official</p> <p>Office Held or Sought <u>Smyrna City Council Ward 2</u> <small>(Include county, municipality, district, post, or judicial circuit)</small></p> <p>Filer ID _____</p> <p>Report of Organization or Person Other than Candidate's Campaign Committee</p> <p>Committee Name: _____</p> <p>Filer ID _____</p>	<p>Filing office use Only</p> <p style="text-align: center;"><i>[Signature]</i></p> <p>Use Earlier of Post Mark or Hand Delivered Date</p> <p style="text-align: center; font-size: 1.2em;">10/7/2019</p>
---	---	---

**3. Identifying and Contact Information**

(1) Austin Wagner (2) 10/07/2019  
*Full Name of Candidate or Other Than Candidate Campaign Committee* *Today's Date*

(3) 1836 Roswell St SE #10108 Smyrna GA 30080  
*Mailing Address* *City* *State* *Zip Code*

(4) (678) 503-4617 and / or campaign@austinfoorsmyrna.com  
*Primary Contact Phone Number* *E-Mail*

(5) If a Candidate or Public Official, is there campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports?  Yes  No

(6) If so, is the Committee registered with the State Ethics Commission?  Yes  No

(7) If so, complete the following: Austin Wagner | Austin Wagner  
*Name of Committee Chairperson* *Name of Committee Treasurer*

**4. Period for which you are Reporting**

You Must Check Only One Box

My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Elections <small>(Report required only if you are in a Special Election)</small>
<input type="checkbox"/> January 31, <u>2019</u> (year) <input type="checkbox"/> June 30, <u>2019</u> (year) Supplemental Reporting <input type="checkbox"/> June 30, <u>2019</u> (year) <input type="checkbox"/> Dec. 31, <u>2019</u> (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act                      *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, <u>2019</u> (year) <input type="checkbox"/> March 31, <u>2019</u> (year) <input type="checkbox"/> June 30, <u>2019</u> (year) <input checked="" type="checkbox"/> September 30, <u>2019</u> (year) <input type="checkbox"/> October 25, <u>2019</u> (year) <input type="checkbox"/> Dec. 31, <u>2019</u> (year)	<input type="checkbox"/> 6 days before Primary Run-Off, <u>2019</u> (year) <input type="checkbox"/> 6 days before General Run-Off, <u>2019</u> (year) <input type="checkbox"/> 6 days before Special Primary Run-Off, <u>2019</u> (year) <input type="checkbox"/> 6 days before Special Run-Off, <u>2019</u> (year)	<input type="checkbox"/> 15 days before Special Primary, <u>2019</u> (year) <input type="checkbox"/> 15 days before Special, <u>2019</u> (year) <input type="checkbox"/> Dec. 31, <u>2019</u> (year)

**Verification by Oath or Affirmation**

I, Austin Wagner, State of Georgia, County of Cobb, 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 10/7, 2019

Terril Graham Signature of Notary Public  
 Commission Expiration 5-9-2022

Austin Wagner a. Signature of Candidate  
 b. Organization/Chairperson/Treasurer

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Summary Report**

**CONTRIBUTIONS RECEIVED**

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> 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.	\$20.94	\$2,715.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0.00	\$850.00
3a	All loans received this reporting period.	██████████	\$0.00
3b	Interest earned on campaign account this reporting period.	██████████	\$0.00
3c	Total amount of investments sold this reporting period.	██████████	\$0.00
3d	Total amount of cash dividends and interest paid out this reporting period.	██████████	
4	Total amount of all separate contributions of less than \$100.00 received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	\$0.00	\$515.00
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4).	\$0.00	\$1,365.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$20.94	\$4,080.00

**EXPENDITURES MADE**

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures report:	In-Kind Estimated Value	Cash Amount
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.	\$0.00	\$0.00
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$867.00
10	Total amount of all separate expenditures of less than \$100.00 that were made in this reporting period and not listed on the "Itemized Expenditures" page.	\$0.00	\$94.75
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$961.75
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$961.75

**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.	██████████	
<b>TOTAL NET BALANCE ON HAND</b>			
15	Net Balance On Hand. (Line 6 - Line 12 + Line 14)	██████████	\$3,118.25
	SEEO Total	██████████	\$0.00

\* 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 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		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Charles  Last Name Bailey  Address 675 Ponce De Leon Ave NE  Address2 Apt 714  City Atlanta  State GA      Zip 30308-1884  Aff. Comm.	Date 09/09/2019  <input checked="" type="checkbox"/> Monetary  <input type="checkbox"/> Inkind  <input type="checkbox"/> Common Source  <input type="checkbox"/> Credit Received on Loan	Occupation Attorney  Employer Cook & Connelly	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2019  <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$250.00	Est. Value \$0.00   Description
First Name / Business Name Spencer  Last Name Frye  Address 858 Hill St  Address2  City Athens  State GA      Zip 30606-2918  Aff. Comm.	Date 09/30/2019  <input checked="" type="checkbox"/> Monetary  <input type="checkbox"/> Inkind  <input type="checkbox"/> Common Source  <input type="checkbox"/> Credit Received on Loan	Occupation Representative  Employer State of Georgia	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2019  <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$250.00	Est. Value \$0.00   Description
First Name / Business Name Mississippi  Last Name Onward  Address PO Box 733  Address2  City Jackson  State MS      Zip 39205-0733  Aff. Comm.	Date 09/30/2019  <input checked="" type="checkbox"/> Monetary  <input type="checkbox"/> Inkind  <input type="checkbox"/> Common Source  <input type="checkbox"/> Credit Received on Loan	Occupation Not Employed  Employer Not Employed	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2019  <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$300.00	Est. Value \$0.00   Description
<b>Itemized Contribution Page Total</b>				<b>\$800.00</b>	<b>\$0.00</b>

## 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		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date	Occupation & Employer			Estimated Value
	Contribution Type*	Employer			Description
First Name / Business Name Scott  Last Name Wagner  Address 353 Wiltshire Cir  Address2  City Fletcher  State NC      Zip 28732-8315  Aff. Comm.	Date 08/18/2019          <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Executive          Employer Crossroads & Entertainment	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2019  <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$50.00          Est. Value \$0.00	Description

## State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name City of Smyrna  Last Name  Address  Address2  City  State      Zip	Date 08/20/2019  <input checked="" 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 Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation   Employer	Qualifying Fees	\$567.00
First Name NGP VAN  Last Name  Address  Address2  City  State      Zip	Date 08/02/2019  <input checked="" 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 Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation   Employer	NGP Service Fees	\$150.00
First Name NGP VAN  Last Name  Address  Address2  City  State      Zip	Date 09/03/2019  <input checked="" 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 Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation   Employer	NGP Service Fees	\$150.00

Page Total                           \$867.00

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

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.