



State of Georgia - Final Report and Termination Statement Campaign Contribution Disclosure - Statewide Elected Executive Officer

All fields must be completed and legible in order to process.

1. Report Type (Select One) Original Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought _____ <small>(Include county, municipality, district, post or judicial circuit)</small> Committee Name _____ Report of Organization or Person Other than Candidate's Campaign Committee	Filing office use only Use Earlier of Post Mark or Hand Delivered Date
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3. Identifying and Contact Information

(1) _____ (2) _____
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) _____
Mailing Address City Zip Code

(4) _____ (5) _____
Primary Contact Phone Number E-Mail

(6) If a Candidate or Public Official, is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign, or file the reports?

(7) If so, is the committee registered with the State Ethics Commission?

(8) If so, complete the following: _____
Name of Chairperson and / or Treasurer of Committee

4. Person Responsible for Maintaining Campaign Records

(1) Full Name _____

(2) Mailing Address _____

(3) City, State, Zip Code _____

(4) _____
Primary Contact Phone Number E-Mail

5. TERMINATION DATE _____

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

a. Signature of Candidate

b. Organization/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.