STATE OF GEORGIA

Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave SE, Suite 1402-West Tower, Atlanta, GA 30334

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 June 30 and October 25 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 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 I had not submitted written notice on the date that I, the candidate for the above office as if I, have not filed this affidavit on the date of qualifying.

*"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