

AFFIDAVIT OF AN INCUMBENT NOT SEEKING REELECTION

Georgia Government Transparency & Campaign Finance Commission
200 Piedmont Ave S.E. - Suite 1402 West Tower - Atlanta, GA 30334

Effective as of _____
(Date of this filing)

Full name of Candidate: _____

Mailing Address: _____

Telephone: _____ Email: _____

I, _____ am an incumbent to the office of
(Your Full Name)
_____ in _____.
(Office Held) (City or County or State)

By completing this form, I am swearing that I will not be qualifying for the Primary Election / General Election to
(Circle One)
be held on _____ for the above listed elected office.
(Date of election)

By submitting this form I understand that I place myself in a non election year status and I am only required to file disclosure reports in accordance with the non election year file schedule as provided in the Act. I further understand if I am leaving office with excess funds I will continue to file reports until such funds are expended as provided in the Act. No Personal Financial Disclosure Statement filing is required.

Furthermore, if I qualify for the above office after submitting this affidavit to the Commission then **I MUST**:

- Notify the Commission in writing of my decision.
- File delinquent reports required of a candidate for elected office.
- Pay any late filing fees related to my failure to file by the correct schedule.

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

My Commission Expires on _____, _____.

Notary Seal