## 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

(Full Name of Candidate)

Board of Education District-Sin Floy of Country

(Office Sought/or Held) (City or Country)

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

expenditures made beginning January 1 of such calendar year.

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

Furthermore, I understand that if I, the above named candidate accept a combined total of contributions

Davio Tucker is a candidate for /public officer of (Full Name of Candidate)

Per O.C.G.A. §21-5-34(d)(d.1)(1),

O.C.G.A. §21-5-34 (c).

qualifying, then I, the above n	expenditures exceeding \$5,000.00 during the calendar year of such amed candidate <b>SHALL</b> be subject to the reporting requirements of this e written notice authorized by this subsection had not been filed.
•	n the day following the date of an election or appointment of a person to elective public office through ection of a person to the same public office and shall be construed and applied separately for each
State of Georgia	County of FOYSULA
I, the undersigned, being duly swom, do swear of best of my knowledge and belief.	or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to the
Sworn to and subscribed before me on	uch 14,2016
Signature of Notary Public	X Signature of Candidate/Chairman/Treasurer filing Affidavit
My Commission expires on May 21.	2019
J	Notary Seal
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