



HENRY COUNTY DEMOCRATS

A COUNTY COMMITTEE OF THE DEMOCRATIC PARTY OF GEORGIA

Dear Candidate,

Thank you for your interest in public service, representing the goals and values of the Democratic Party of Georgia and serving the people of Henry County.

Your qualifying fees will support our continuing efforts to elect Democrats to County and State offices.

Please consider an open invitation to attend our Committee Meeting on the First Tuesday of the Month at 7 pm, Shiloh Baptist Church, Fellowship Hall – 2nd Floor, 262 Macon Street, McDonough, Georgia 30253.

Demetrius Rucker

First Vice-Chair – Henry County Democratic Committee

**2024 QUALIFYING FEES FOR
HENRY COUNTY PUBLIC OFFICES**

Georgia Law provides that qualifying fees for County offices shall be 3% of the base salary of the office paid in the preceding calendar year. The qualifying fees for 2024 are as follows:

COUNTY OFFICE	TOTAL GROSS SALARY FOR 2024	3% QUALIFYING FEE
Commission Chairman	\$58,842.48	\$1,765.27
County Commissioner, District 1	\$43,438.48	\$1,303.15
County Commissioner, District 2	\$41,414.00	\$1,242.42
Board of Education, District 1	\$20,746.00	\$622.38
Board of Education, District 2	\$20,746.00	\$622.38
Board of Education, District 3	\$20,746.00	\$622.38
State Court Judge	\$181,161.27	\$5,434.84
Solicitor of State Court	\$175,476.00	\$5,264.28
Clerk of Superior Court	\$143,638.00	\$4,309.14
Sheriff	\$153,185.57	\$4,595.57
Probate Court Judge	\$181,161.27	\$5,434.84
Tax Commissioner	\$152,157.88	\$4,564.74
Coroner	\$65,000.00	\$1,950.00

Candidates will qualify with their respected parties. Nonpartisan candidates will qualify with the Henry County Elections and Registration Office. For more information regarding the election process, contact the Board of Elections and Registration at (770) 288-6448 or <https://www.henrycountyga.gov/305/Elections-Registration>

Stephanie Braun, County Clerk
Henry County Board of Commissioners

*Qualifying fees for State Officials (e.g., legislators, superior court judges, district attorneys) are set and published by the Georgia Secretary of State.

AFFIDAVIT FOR SHERIFF

To be completed by candidates for Sheriff. This affidavit is to be sworn to or affirmed before the officer with whom such person has qualified to seek said office with the election superintendent of the county by the close of business on the third business day following the close of the qualifying period. Reference O.C.G.A. § 15-16-1.

I _____ have qualified to seek the office of Sheriff in
_____ County, Georgia, on _____.

- A) I have obtained a high school diploma or its recognized equivalent in educational training as established by the Georgia Peace Officer Standards and Training Council; and
- B) The graduation date and name of such high school or obtained such recognized equivalent in education training.

In addition, I shall file a certified copy of my birth certificate with the election superintendent of the county.

This _____ day of _____, _____.

Signature of Candidate for Sheriff

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public

To: The Chairman and Secretary of the County
Executive Committee of the _____
Party of _____ County/Municipality
State of Georgia

**DECLARATION OF CANDIDACY AND AFFIDAVIT
(COUNTY/MUNICIPALITY)**

I, the undersigned, being first duly sworn on oath, do depose and say: my name is _____

_____;

my residence address is _____
(Street Number) (Street)

_____;
(City) (County) (State) (Zip Code)

my post office address is _____;

my telephone number is _____;
(Business) (Home)

my profession, business, occupation (if any) is _____;

the name of my precinct is _____; I am an elector of the county of my

residence and eligible to vote in the primary election in which I am a candidate for nomination; the name of the office

I am seeking is _____; my date of birth is _____;
(Circuit, District, or Post if Applicable)

I have been a legal resident of the State of Georgia for _____ consecutive years; I have been a legal resident of

_____ county for _____ consecutive years; I have been a legal resident of my district (if applicable)

for _____ consecutive years; I have been a legal resident of my circuit (if applicable) for _____ consecutive years;

I am a citizen of the United States; I am eligible to hold such office; I am a candidate for nomination in the

_____ to be held on the _____ day of _____, 20____;
(Primary)

I have never been convicted and sentenced in any court of competent jurisdiction for fraudulent violation of primary or election laws, malfeasance in office, or felony involving moral turpitude or conviction of domestic violence under the laws of this State, any other State, or of the United States, or, if so convicted that my civil rights have been restored; and at least ten years have elapsed from the date of the completion of the sentence without a subsequent conviction of another felony involving moral turpitude; I am not a defaulter for any federal, state, county, municipal, or school system taxes required of such officeholder or candidate if such person has been finally adjudicated by a court of competent jurisdiction to owe those taxes, but such ineligibility may be removed at any time by full payment thereof, or by making payments to the tax authority pursuant to a payment plan, or under such other conditions as the General Assembly may provide by general law (pursuant to Ga. Const. Art. II, Sec. II, paragraph III); I will not knowingly violate any provisions of the Georgia Election Code (O.C.G.A. § 21-2) or of the rules or regulations adopted thereunder; I will not knowingly violate the rules or regulations of the _____ party.

I understand that any false statement knowingly made by me in this Declaration of Candidacy and Affidavit will subject me to criminal penalties as provided by law and I hereby request you to cause my name to be placed on the ballots to be used in such primary election as a candidate for the nomination I am seeking.

(Signature of Candidate)

Sworn to and subscribed before this _____ day of _____, _____.

(Notary Public)

My Commission Expires: _____

(Required by Ga. Election Code O.C.G.A. § 21.2.153.)

I desire that my name appear on the ballot as follows
(the surname of the candidate shall be as it appears
on the candidate's voter registration card):

(Please Print)

Should I be elected, I desire that my name appear on official documents as follows:

(Please Print)

(over)

1. I hereby tender check/cash in the amount of \$ _____

NAME OF BANK: _____

CHECK NUMBER: _____

In the event that a candidate pays his or her qualifying fee with a check that is subsequently returned for insufficient funds, the superintendent shall automatically find that such candidate has not met the qualifications for holding the office being sought, unless the bank, credit union, or other financial institution returning the check certifies in writing by an officer's or director's oath that the bank, credit union, or financial institution erred in returning the check as prescribed in O.C.G.A. §21-2-6(d).

I hereby file a Pauper's Affidavit, accompanied by a qualifying petition as prescribed in O.C.G.A. § 21-2-153 (a.1), in lieu of paying the qualifying fee.

NOTE: CANDIDATES FOR THE FOLLOWING OFFICES MUST FILE AN ADDITIONAL AFFIDAVIT IN ACCORDANCE WITH THE LISTED CODE SECTION AND MAY HAVE OTHER REQUIREMENTS IN ORDER TO BE QUALIFIED TO SEEK OFFICE. CANDIDATES SHOULD REVIEW THE QUALIFICATIONS FOR WHICH THEY OFFER FOR ELECTION CAREFULLY.

CLERK OF SUPERIOR COURT	O.C.G.A. § 15-6-50(b)(2)
JUDGE OF THE PROBATE COURT	O.C.G.A. § 15-9-2(a)(2)
SHERIFF	O.C.G.A. § 15-16-1(e)(2)
CORONER	O.C.G.A. § 45-16-1(b)(2)
TAX RECEIVER	O.C.G.A. § 48-5-210(b)(2)
TAX COLLECTOR	O.C.G.A. § 48-5-210(b)(2)
TAX COMMISSIONER	O.C.G.A. § 48-5-210(b)(2)

The next form is optional but recommended. Only complete this form if you desire to release additional information about your campaign

Candidate Information to Appear on the Secretary of State's Website

Required information to be pulled from the Declaration or Notice of Candidacy and Affidavit. This information will be obtained from your qualifying paperwork and will not need to be supplied on this form.

Name to Appear on the Ballot

Party Affiliation

Incumbent Status

Occupation

Qualified Date

Optional information to be provided on this form:

Address:

Phone Number:

Email:

Website:

Approval of Candidate or Agent

I understand that the above information will be posted to the Secretary of State's website and will be accessible by the general public.



Georgia Government Transparency & Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS (FORM DOI) – COUNTY/MUNICIPAL LEVEL FILERS

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1	Today's Date: _____	
2	Candidate (full name): _____ Address: _____ City, State, Zip: _____ Telephone (optional): _____ Email: _____	
3	Name County/City: _____ Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year: _____	

Complete sections 5 and 6 ONLY if you have a campaign committee.
 This information does not register a campaign committee. (Please use Form RC to register.)

5	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email : _____	
6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email : _____	

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

 Signature of Candidate _____ Date

**The following forms are to be
completed online by a representative of
the campaign at the state ethics
website listed below**

www.ethics.ga.gov



Georgia Government Transparency & Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

REGISTRATION FORM FOR A CANDIDATE CAMPAIGN COMMITTEE (FORM RC) – COUNTY/MUNICIPAL LEVEL FILERS

Any substantive changes to the registration information of a committee must be updated within 7 business days
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

ALL LOCAL LEVEL CANDIDATES & ELECTED OFFICIALS: File this form directly with the Campaign Finance Commission via mail or hand-delivery

1	Today's Date: _____	Select Form Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): _____ Address: _____ _____ _____ City, State, Zip: _____ Telephone Number (optional): _____ Email: _____	
3	Campaign Committee Chairperson (full name): _____ Address: _____ _____ _____ City, State, Zip: _____ Email : _____	
4	Treasurer (full name): _____ Address: _____ _____ _____ City, State, Zip: _____ Email : _____	
5	Candidate (full name): _____ Address: _____ _____ _____ City, State, Zip: _____ Email : _____	
6	Name County/City: _____ Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

 Signature of Person Registering Committee

 Date

Campaign Contribution Disclosure Report
Georgia Government Transparency and Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type <small>(Select One)</small> <input type="checkbox"/> Original <input type="checkbox"/> 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 seat)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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3. Identifying and Contact Information

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

(3) _____
Mailing Address City State Zip Code

(4) _____ and/ or _____
Primary Contact Phone Number E-Mail

(5) 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? Yes No

(6) If yes, is the committee registered with the Commission? Yes No

(7) If yes, complete the following: _____
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 Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)			

*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i

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

CANDIDATE FORMS & DISCLOSURES



Georgia Government Transparency
& Campaign Finance Commission

KNOW THE LINGO

DOI

Declaration of Intention
to Accept Contributions

RC

Registration Form for
a Candidate's Campaign
Committee

COOSA

Choosing the Option of
Separate Accounting

PIN APP

Electronic Filing Access
Code Application

CCDR

Campaign Contribution
Disclosure Statement

FR&TS

Final Report &
Termination Statement

PFDS

Personal Financial
Disclosure Statement

TBD

Two Business
Day Report

Local Filing Officer

Individual a candidate for a
county or municipal office files
with. Usually the city clerk or
elections superintendent.

FORMS

Declaration of Intention to Accept Campaign Contributions

Reference: O.C.G.A. § 21-5-30(g)

- Must be filed **PRIOR** to accepting contributions.
- A candidate's personal funds expended for their campaign, except for payment of a qualifying fee, are considered campaign contributions.
- A new form must be filed if there is a break in office or if accepting contributions for a different office.
- County and Municipal candidates file this form with their local filing officer. All other candidates file with the Commission.

Registration Form for a Campaign Committee

Reference: O.C.G.A. §§ 21-5-3(2); 21-5-30(b)

- This form registers a candidate's campaign committee.
- A committee is required only if a candidate designates someone to file reports, accept money, or expend money on behalf of the campaign.
- A Chairperson and Treasurer are required to form a committee; however, they can be the same person and can be the candidate. If either position is vacant, the committee cannot accept contributions.
- The committee registration will remain in effect until the registration is canceled by the committee or the candidate.
- Filed with the Commission

Choosing the Option of Separate Accounting

Reference: O.C.G.A. §§ 21-5-43(a)(2); 21-5-30 (c)

- Permits candidates to accept contributions for multiple elections within an election cycle. Thus, a candidate may accept contributions for the general election in an election cycle even if the primary election has not occurred.
- A candidate must designate what election the contribution is accepted for on the applicable CCDR.
- Contributions received for a future election cannot be expended until the current election has occurred.
- If a candidate does not qualify or participate in a future election in an election cycle, the contributions received for the future election must be returned to contributors pro-rata.
- Filed with the Commission

Electronic Filing Access Code Application

Reference: O.C.G.A. § 21-5-34.1(a)

- Used for identification purposes for local and state candidates.
- Filed with the Commission.

DISCLOSURES

Campaign Contribution Disclosure Report

Reference: O.C.G.A. § 21-5-34

- A CCDR is a report filed by a candidate or campaign committee that discloses all contributions received and expenditures made during a reporting period.
- Six reports are due in an election year and two reports are due in a nonelection year. Filing Schedule is found at O.C.G.A. § 21-5-34(c).
- \$125 late fee is assessed when a report is filed late. However, there is a five-day grace period.
- Local candidates may be exempt from filing CCDRs if they file an Affidavit of Exemption and meet certain criteria.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.

Final Report & Termination Statement

Reference: O.C.G.A. § 21-5-34 (m)

- A FR&TS is a statement submitted with the campaign's final CCDR.
- It is filed by all campaigns within 10 days of the dissolution of the campaign.
- The Statement must identify the termination date as well as the person responsible for maintaining campaign records as required by the Act.
- To qualify to file a FR&TS, the filer must have a zero net balance, zero debt, and not be seeking or holding the office.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.

Personal Financial Disclosure Statement

Reference: O.C.G.A. § 21-5-50

- A PFDS is a statement filed by a candidate or public official in which the filer discloses information about financial activity for the preceding calendar year.
- A statement must be filed each year, even if information does not change.
- If running for a state-wide position additional information is required to be reported.
- No grace period and a \$125 late fee is assessed when a statement is filed after the due date.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.

Two Business Day Report

Reference: O.C.G.A. § 21-5-34 (c)(2)(C)

- A TBD is a report used to report individual contributions (including loans) of \$1,000.00 or more received between the date of the last CCDR due prior to the date the election for which the candidate has qualified and the date of such election.
- These contributions must be reported within two business days of receipt.
- This contribution must also be reported on the next scheduled CCDR.
- Candidates for any state or state-wide office must file electronically with the Commission and candidates for county and municipal offices file with their local filing officer.
- No grace period and a \$125 late fee is assessed when a statement is filed after the due date.

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Phone: 404 463 1980 Website: www.ethics.ga.gov