

FULTON COUNTY INCOME AND FINANCIAL DISCLOSURE REPORT

Office of the Clerk to the Commission 141 Pryor Street, SW, 10th floor Atlanta, GA 30303 404-612-8200

Reporting Period:

Jan.1,____-Dec.31, ____

Name of County Official/Board Member: Title of County Official/Board

Member:

- A. Pursuant to Section 2-79 of the Fulton County Code of Ethics, approved by the Board of Commissioners on February 4, 2004 (Item No. 03-1531) and as amended on August 4, 2004 (Item No. 04-0796), on or before April 15 of each calendar year, each of the following individuals must file this Income and Financial Disclosure Report with the Clerk to the Commission, which Report shall cover the preceding calendaryear:
- 1) All elected officials of FultonCounty;
- 2) Judges of the Juvenile Court;
- 3) Judges of the Magistrate Court;
- 4) County Manager and Deputy County Managers;
- 5) All Department Heads, County Attorney, Clerk to the Commission, Division Heads reporting to the County Manager and the Deputy Director of Zoning;
- 6) Members of the Board of Tax Assessors and all Property Appraisers;
- 7) Members of the Community ZoningBoard;
- 8) Members of the Board of Zoning Appeals; and
- 9) Members of the Board of Ethics.

(Attach additional pages, if necessary).

B. For the Reporting Period stated above, identify by name and address, the source of each of the following, received or accrued during the preceding calendar year, by each person required to file such report and such person's spouse, if any:

Self/Spouse	Name of Source	Address

(1) Income for services rendered in the amount of \$1,000.00 or more:

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(2) Each honorarium from a single source in the amount of \$500.00 or more, unless otherwise reported under applicable state law:

Self/Spouse	Name of Source	Address

(3) Each gift or favor from a single prohibited source in the aggregate amount of \$100.00 or more:

For purposes of this section, *Gifts and favors* means anything of value given by or received from a prohibited source. Prohibited source means any person, business, or entity that the involved officer or employee knows or should know: (j)

- is seeking official action from the county; or
 - (ii) is seeking to do or is doing business with the county, or
 - represents a person who is seeking official action from the county or who (iii) is seeking to do or is doing business with the county; or
 - has interests that may be affected by the performance or non-(iv) performance of official duties by the officer or employee; or
 - is a registered lobbyist in accordance with state law. (v)

Code of Ethics, Section 2-67(4)

Self/Spouse	Name of Source	Address

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(4) Dividend income of \$1,000.00 or more:

Self/Spouse	Name of Source	Address

- C. For the Reporting Period stated above, identify by name, address and general description:
 - (1) Any professional organization in which the person reporting is an officer, director, partner, proprietor, or employee, or serves in an advisory capacity, from which \$1,000.00 or more was received:

Name/Address:	Role/Title
General Description:	

Name/Address:	Role/Title
General Description:	

Name/Address:	Role/Title
General Description:	

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(2) Each business in which the person reporting owns 10% or more of such business's then outstanding stock:

For purposes of this section, *Business* means any corporation, partnership, proprietorship, organization, self-employed individual and any other entity operated for economic gain, whether professional, industrial, or commercial, and other entities, which for purposes of federal income taxation are operated as non-profit organizations. *Code of Ethics, Section 2-67(1)*

Name of Business	Address

(3) Each parcel of real property in which the person reporting has an ownership interest valued at 5% or more of the property's then assessed value:

Address	Tax Parcel ID Number

(4) Each reimbursement of expenses to the person reporting in the amount of \$1,000.00 or more:

Name of Source	Date	Amount

Reporting Period: Jan. 1, _____-Dec. 31, _____

To be completed by County Official/Board Member:

Print Name

County Official Title

Signature

Date

For Office Use Only:

Received by:_____Date: _____

Please submit to: Office of the Clerk to the Commission 141 Pryor Street SW, Suite 10075 Atlanta, Georgia 30303 (404) 612-8200 Phone (404) 730-8254 Fax Clerk.Commissioners@fultoncountyga.gov