

AFF L2500

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),

CHRISTOPHER TODD PULLAN is a candidate for /public officer of
(Full Name of Candidate)

MAYOR in AVONDALE ESTATES
(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 written notice authorized by this subsection had not been filed.

. *"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 DeKalb

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 16th January 2018

Allen A. Kirwan
Signature of Notary Public

Christopher Todd Pullan
Signature of Candidate/Chairman/Treasurer filing Affidavit

My Commission expires Notary Public
DeKalb County, Georgia
My Commission Expires July 20, 2018

Notary Seal

Georgia Government Transparency & Campaign Finance Commission DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS FORM DOI

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

1	Today's Date: <u>1.16.15</u>
2	Candidate (full name): <u>CHRISTOPHER TODD PULLEN</u> Address: <u>90 DARTMOUTH AVE</u> City, State, Zip: <u>AVONDALE ESTATES, GA 30002</u> Telephone (optional): <u>404 667 1144</u> Email: <u>toddpullen@hotmail.com</u>
3	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other Name of Office Sought or Held: <u>Mayor</u> <small>(include district, post, or judicial circuit if applicable)</small>
4	Incumbent: _____ Next Election Year: <u>2015</u>

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.

Christopher Todd Pullen
Signature of Candidate

1.16.15
Date

STATE OF GEORGIA PERSONAL FINANCIAL DISCLOSURE STATEMENT

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334
| 404-463-1980 | www.ethics.ga.gov

Use Earlier of Post Mark
or Hand Delivered Date

REC'D JAN 16 2014

Original

Amendment (Enter date of statement being amended) _____

Date of this Statement: 1.16.15 Covering Calendar Year: 2015

Name of Public Officer or Candidate: CHRISTOPHER TOOT PULLER
First Middle Last

Mailing Address: 90 DORSET MOUTH AVE ADONORAL ESTATES DEKALB GA 30002
Street or P.O. Box City County State Zip code

Telephone Number: (Office/Home) 404 667 1144 (E-Mail) tootpuller@hotmail.com

Name of Public Office Held or Sought: Mayor Filer ID: _____
(Filer ID that begins with the letter "F")

Check One:

Elected City or County Officer

Candidate for City or County Office

WHO FILES A FINANCIAL DISCLOSURE STATEMENT:

Each public officer holding office in Georgia, and each person who qualifies as a candidate for election as a public officer for one of the offices listed below, and all others on the following list.

- (A) Every constitutional officer;
- (B) Every elected state official;
- (C) The executive head of every state department or agency, whether elected or appointed;
- (D) Each member of the General Assembly;
- (E) Every elected county official, every elected county or area school superintendent, and every elected member of a county or area board of education; and
- (F) Every elected municipal officer.

WHEN TO FILE A FINANCIAL DISCLOSURE STATEMENT:

Public Officer: A Financial Disclosure Statement is filed not before January 1 and not later than July 1 of each year that a public officer holds office (except the year of election). The information to be provided shall be that from the preceding calendar year.

If the public officer chooses not to run for re-election or for another public office no Financial Disclosure Statement need be filed in the year qualifying to succeed him takes place. A public officer shall not be deemed to hold the office in a year in which the public officer holds office for less than 15 days.

Candidate for Public Office: A Financial Disclosure Statement covering the period of the preceding calendar year shall be filed no later than the fifteenth day following the date of qualifying as a candidate. Candidates for state wide office file not later than seven days after qualifying for office. Only one Financial Disclosure Statement is required per calendar year.

Special requirements for State Wide Candidates: Candidates for a public office elected state wide must file their Financial Disclosure Statements not later than seven days after qualifying or filing a notice of candidacy. State wide candidates must disclose more information than other candidates for public office and the additional disclosure sections required of state wide candidates must be completed in the year of election filing.

WHERE TO FILE A FINANCIAL DISCLOSURE STATEMENT:

State /Statewide Office: Georgia Government Transparency & Campaign Finance Commission

County: County Election Superintendent

Municipality: City Clerk or Chief Executive Officer

**SECTION I MONETARY FEES
RECEIVED**

(This section to be completed by Public Officers only)

Identify each monetary fee or honorarium accepted from speaking engagements, participation in seminars, discussion panels, or other activities that directly relate to the official duties of, or to the office of the public officer, with a statement identifying the fee or honorarium and the person from whom it was accepted. (You may attach additional sheets of paper if necessary.)

I received:

- No monetary fee or honorarium.
- Monetary fee(s) or honoraria as shown below.

**Identify Fee or Honorarium
And Amount Accepted**

Identifying Information of Person from Who Accepted

**SECTION II FIDUCIARY
POSITIONS**

Name all fiduciary positions held by the candidate for public office or the public officer at any time during the covered year. (You may expand this section if necessary to include all positions.) A **fiduciary position** is any position imposing a duty to act primarily for another's benefit as officer, director, manager, partner, guardian, or other designations of general responsibility of a business entity. A fiduciary position may be a paid or unpaid position. A **business entity** is any corporation, sole proprietorship, partnership, limited partnership, limited liability company, limited liability partnership, professional corporation, enterprise, franchise, association, trust, joint venture, or other entity, whether profit or nonprofit. (You may attach additional sheets of paper if necessary.)

I held:

- No fiduciary positions in any business entity.
- Fiduciary positions in the following business entity(ies).

IDENTIFY:

1. Title of each position.
2. Name and address of business entity.
3. Principal activity of each business entity.

Business entity #1

Business entity #2

Business entity #3

Business entity #4

**SECTION III
DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY**

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify the name, address and principal activity of any business entity and the office held by and the duties of the candidate for public office or public officer within a business entity any time during the covered year in which a direct ownership interest: (A) Is more than 5 percent of the total interest in the business; or (B) Has a net fair market value of more than \$5,000.00. (You may attach additional sheets of paper if necessary.)

I held:

- No direct ownership interests in any business entity.
- Direct ownership interests in the following business entity(ies).

IDENTIFY:

1. Name and address of business entity.
2. Principal activity of business entity.
3. The office held by the candidate or the public officer within the business entity.
4. The duties of the candidate or the public officer within such business entity.

Business entity #1

Ownership Interests
Check One or Both If Applicable

- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #2

- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #3

- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #4

- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

Business entity #5

- Ownership interest is more than 5%
- Ownership interest has a net fair market value of more than \$5,000.00

**SECTION IV
DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY**

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify each tract of real property in which the candidate for public office or public officer has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00. "Fair market" value means the appraised value of the property for ad valorem tax purposes. (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

I had:

- No ownership interests with a fair market value in excess of \$5,000.00
- Ownership interests with a fair market value in excess of \$5,000.00

IDENTIFY:

1. County where property is located.
2. State where property is located.
3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1

The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #2

The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #3

The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #4

The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

Property #5

The Value of this tract is

- Between \$5,000 and \$100,000
- Between \$100,000.01 and \$200,000
- More than \$200,000

SECTION V
SPOUSE'S DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY

Identify each tract of real property in which the filer's spouse has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00 (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

My spouse had:

- No ownership interests with a fair market value in excess of \$ 5,000.00
 Ownership in the following tracts with a fair market value in excess of 5,000.00

IDENTIFY:

1. County where property is located.
2. State where property is located.
3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1

The Value of this tract is

- Between \$5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #2

The Value of this tract is

- Between \$5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #3

The Value of this tract is

- Between \$5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #4

The Value of this tract is

- Between \$5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #5

The Value of this tract is

- Between \$5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

**SECTION VI
EMPLOYMENT AND FAMILY MEMBERS**

Filer's Occupation RESIDENTIAL + LANDSCAPE DESIGN
Filer's Employer ALEX SMITH GARDEN DESIGN, LTD.
Employer's Address 5642 PEACHTREE RD. CHAMBLEE, GA 30841
Employer's Principal Activity LANDSCAPE ARCHITECTURE

Filer's Spouse's Name _____
Spouse's Occupation _____
Spouse's Employer _____
Address of Spouse's Employer _____
Principal Activity of Spouse's Employer _____

**SECTION VII
INVESTMENT INTERESTS**

List the name of any investment (do not list individual stocks and bonds that are held by mutual funds), in which the filer (either individually or with any other legal or natural person or entity) owns a direct ownership interest that:

1. Is more than 5 percent of the total interests in such business or investment, or
2. Has a net fair market value of more than \$5,000.00.

Business or Investment Entity #1
Name _____

Business or Investment Entity #2
Name _____

Business or Investment Entity #3
Name _____

Business or Investment Entity #4
Name _____

**SECTION VIII
KNOWN BUSINESS OR INVESTMENT INTERESTS OF SPOUSE AND DEPENDENT CHILDREN**

Identify any business or investment known to the filer in which the filer's spouse or dependent children have a direct ownership interest (either individually or with any other legal or natural person or entity) which interest:

1. is more than 5 percent of the total interest in the business or investment,
2. has a net fair market value exceeding \$10,000.00, or
3. is one in an entity for which the filer's spouse or a dependent child serves as an officer, director, equitable partner, or trustee.

(Do not list individual stocks and bonds that are held by mutual funds.)

Business or Investment Entity #1
Name _____

Business or Investment Entity #2
Name _____

Business or Investment Entity #3
Name _____

Business or Investment Entity #4
Name _____

**SECTION IX
ANNUAL PAYMENTS RECEIVED
FROM THE STATE OF GEORGIA
(This section to be completed by Public Officers only)**

Identify all annual payments in excess of \$10,000.00 received by the public officer, or by any business entity identified in Section III above, from the State or any agency, department, commission or authority created by the State, and authorized and exempted from disclosure under O.C.G.A. § 45-10-25.

I received:

- No annual payments in excess of \$10,000.00 from any State entity.
- Annual payments in excess of \$10,000.00 from the below named State entity(ies).

IDENTIFY:

1. Name and address of State entity making the payments.
2. Amount of annual payment.
3. The general nature of the consideration rendered for the payment(s).

State entity source #1

State entity source #2

VERIFICATION BY OATH OR AFFIRMATION

State of Georgia _____ County of DeKalb

I, the undersigned, being duly sworn (affirm), depose and say that the information in this statement is complete, true, and correct.

Sworn to and subscribed before me on
16th January, 2015

Allan A. Kirwan

Signature of Notary Public
Allan A Kirwan
Notary Public

DeKalb County, Georgia

My Commission Expires July 20, 2015

Joel Piller
Signature of Candidate or Public Officer

PENALTIES: Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics in Government Act shall be guilty of a misdemeanor.