

State of Georgia Campaign Contribution Disclosure Report

1. Report Type (Select One) <input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Amended Report Amendment # _____	2. Filing is being made on behalf of (Select One): <input checked="" type="checkbox"/> Candidate or Public Official Office Sought or Held: <u>Dist #2 Commissioner</u> <i>(Include county, municipality, district, post or judicial circuit)</i> Committee Name: <u>Williams for Commissioner</u> <input type="checkbox"/> Report of Organization or Person Other than Candidate's Campaign Committee	Filing office use only BO OF ELECTIONS OCT 5 '10 RICHMOND CO., GA Use Earlier of Post Mark or Hand Delivered Date
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3. Identifying and Contact Information

(1) Marion Williams (2) 10/4/10
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 1941 Kratha Dr. Augusta GA 30906
Mailing Address City State Zip Code

(4) 706 736 8025 and / or () _____
Contact Phone Number (We will understand the release of this information as permission to call your office if necessary)

(5) If a Candidate or Public Official, is there a campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports? Yes No (6) If so, is the committee registered with the State Ethics Commission? Yes No

(7) If so, complete the following: Kathy R. Bean
Name of Chairperson and/or Treasurer of Committee

4. Period for which you are Reporting

My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Elections <small>(Report required only if you are in a Special Election)</small>
<input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year) <small>*Persons elected to office in each year following the year in which the election occurs *Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2010</u> (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> December 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)

Verification by Oath or Affirmation

State of Georgia County of Richmond

I, Marion Williams, 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 Oct 5, 2010

[Signature]
Signature of Notary Public

My Commission expires 3/4/2011

[Signature]
a. Signature of Candidate
b. Organization/Chairperson/Treasurer

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.