

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 type="checkbox"/> Candidate or Public Official Office Sought or Held: <u>Augusta Commissioner, Dist I</u> <i>(Include county, municipality, district, post or judicial circuit)</i> Committee Name: <u>The Committee To Elect Betty Beard</u> <input type="checkbox"/> Report of Organization or Person Other than Candidate's Campaign Committee	Filing office use only SEP 07 2009 JUL 7 2009 Use Earlier of Post Mark or Hand Delivered Date
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3. Identifying and Contact Information

(1) Betty Williams Beard (2) 07-06-09
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 1-7th ST. Augusta GA 30901
Mailing Address City State Zip Code

(4) (706) 724-0916 and / or (706) 724-798-8114
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: Tracy E. Williams, Jr.
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)	<input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2009</u> (year) <input type="checkbox"/> September 30, ____ (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)

*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)

Verification by Oath or Affirmation

State of Georgia County of Richmond

I, Tracy E. Williams, Jr., 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 July 7, 2009

[Signature]
Signature of Notary Public

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

My Commission expires 3/4/2011

State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name NONE	Account Number
Institution/Person Holding Account _____ Mailing Address _____ _____ City, State, Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

2. Investment Name	Account Number
Institution/Person Holding Account _____ Mailing Address _____ _____ City, State, Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

Total value of investments at beginning of reporting period \$	Page Total Cash Dividends: \$ _____
Total value of investments at end of reporting period \$	Page Total Interest Paid Out: \$ _____
Total difference in value \$	Page Total Profit: \$ _____
	Page Total Loss: \$ _____

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.

Empty space for the Addendum Statement.