

Late Fee Hardship Waiver Request Instructions

1. **THE COMMISSION WILL NOT ACCEPT WAIVER REQUESTS FOR REPORTS THAT HAVE NOT BEEN FILED.**
2. The person submitting this request must be
 - a. the individual to whom the late fee was incurred, or
 - b. if the filer of the report is deceased, the individual's committee Chairperson or Treasurer, if relevant, or other applicable person, or
 - c. if a Non-Candidate Committee, the Chairperson or Treasurer of the committee.
3. Print clearly.
4. Submit ONE form per report/late fee.
5. You may submit multiple forms at one time if the applicable hardship waiver request documentation provided applies to each report for which you are requesting a hardship waiver.
6. **Mail or hand deliver completed form with your notarized original signature and any applicable documentation to support your hardship waiver request to:**

Attention: Hardship Waiver Request
Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Avenue, SE, Suite 1402 – West Tower
Atlanta, GA 30334
7. Documents provided will not be returned.
8. Faxed or e-mailed requests will not be accepted.
9. You will be contacted by Commission Staff to discuss and/or obtain additional information, if needed.
10. If you wish to discuss your submitted late fee hardship waiver request in person, you may do so by appointment only.
11. You will receive notification of the decision regarding your waiver request.

Should you wish appeal the decision regarding your hardship waiver request you may do so to the Commission's Appeals Committee by completing and submitting the Request of Appeal of Late Fee Hardship Waiver Decision form.

Late Fee Hardship Waiver Request Form

I. Waiver Request for a:

- Candidate or Elected Official - Campaign Contribution Disclosure Report (CCDR)
- Candidate or Elected Official - Personal Financial Disclosure Report (PFD)
- Non-Candidate Committee – Campaign Contribution Disclosure Report
- Lobbyist Disclosure Report

II. Name/Address/Contact Information of person requesting waiver:

Mr./Ms./Mrs./Dr.	First Name	Middle Name	Last Name	Suffix
Address			City	State
Contact Phone Number:		2 nd Contact Phone Number:	Email:	

If Non-Candidate Committee, enter committee name here:

III. Enter your Commission issued Filer ID related to the type of report you are requesting a waiver for.

Note: Commission issued Filer ID number for Candidates or Elected Officials CCDR start with “C”; Candidates or Elected Officials PFD Filer ID start with “F”; Non-Candidate Committees CCDR Filer ID start with “NC”; Lobbyists Filer ID start with “L”.

IV. Late Filed Report Information:

Report Name/Period	Date Report DUE	Date Report FILED	Amount of Waiver Request	CCDR Report Type <i>If Applicable</i>	Lobbyist Report Type <i>If Applicable</i>
			\$	<input type="checkbox"/> Election Year <input type="checkbox"/> Non Election Year <input type="checkbox"/> Run-Off <input type="checkbox"/> Special Election	<input type="checkbox"/> State <input type="checkbox"/> State Agency <input type="checkbox"/> Local <input type="checkbox"/> Vendor

V. Reason for late filed report and hardship waiver request:

I have attached documentation stating and/or supporting my waiver request.

VI. Verification by Oath or Affirmation – ORIGINAL NOTARY & SIGNATURE REQUIRED

I, the undersigned, being duly sworn, affirm and say that the information provided in this late fee hardship waiver request is true and correct to the best of my knowledge and belief.

Notary Stamp/Crimp STATE OF _____ COUNTY OF _____

Signature of Requestor

Date

Sworn to and subscribed before me on _____, 20____.

My Commission Expires: _____

Signature of Notary Public

<i>Office Use Only</i>	Waiver Request Number: _____	Amount Waived	Notification sent to Requestor ____/____/____ <input type="checkbox"/> Copy Attached	Approved by: _____
<input type="checkbox"/> Approved OR <input type="checkbox"/> Denied				