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Campaign Contribution Disclosure Final Report and Termination Statement
Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Avenue SE, Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 |

1. Report Type (Select One)	2. Filing is being made on behalf of (Select One):	Use Earlier of Post Mark or Hand Delivered Date
☐ Original ☐ Amendment Amendment # _____	**Candidate or Public Official** Office Held or Sought _____ (Include county, municipality, district, post or judicial circuit) Filer ID _____ (Filer ID that begins with the letter "C") **Organization or Person Other than Candidate's Campaign Committee** Committee Name: _____ Filer ID: _____ (Filer ID that begins with the letter "NC")	MAY 3 9:45AM

3. Identifying and Contact Information

(1) _Bennie Lee Coleman III_
Full Name of Candidate or Other Than Candidate Campaign Committee

(2) _5/3/2022_
Today's Date

(3) _271 Rhodes Dr._   _Athens_   _Georgia_ _30606_
Mailing Address   *City*   *State*   *Zip Code*

(4) _706 255-3965_ and/or _thump77722@yahoo.com_
Primary Contact Phone Number   *E-Mail*

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign, or file the reports? ☐ Yes ☑ No

(6) If yes, is the committee registered with the Commission? ☐ Yes ☐ No

(7) If yes, complete the following _____
Name of Committee Chairperson | *Name of Committee Treasurer*

4. Person Responsible for Maintaining Campaign Records

Bennie Lee Coleman III
(1) Full Name

271 Rhodes Dr.
(2) Mailing Address

Athens   _Georgia_ _30606_
(3) City   *State*   *Zip Code*

(4) _706-255-3965_
Primary Contact Phone Number

(5) _thump77722@yahoo.com_
Email Address

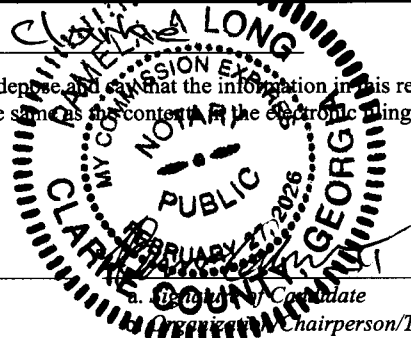## 5. TERMINATION DATE: _5/ /2022_

State of _Georgia_   County of _Clarke_

I, _Bennie L Coleman III_ , 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 _May 3_ , 20 _22_

[signature]
Signature of Notary Public

_2/27/2022_
Commission Expiration

[signature]
a. Candidate
Organization Chairperson/Treasurer

(Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Act shall be guilty of a misdemeanor.)

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State of Georgia
Campaign Contribution Disclosure Report
Summary Report

	CONTRIBUTIONS RECEIVED	In-Kind Estimated Value	Cash Amount
1	☐ I have no contributions to report. ☐ I have the following contributions, including Common Source, to report:		
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	-0-	-0-
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	-0-	-0-
3a	All loans received this reporting period.		-0-
3b	Interest earned on campaign account this reporting period.		-0-
3c	Total amount of investments sold this reporting period.		-0-
3d	Total amount of cash dividends and interest paid out this reporting period.		-0-
4	Total amount of all separate contributions of $100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	-0-	-0-
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	-0-	-0-
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	-0-	-0-
	EXPENDITURES MADE		
7	☑ I have no expenditures to report. ☐ I have the following expenditures to report:	-0-	-0-
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	-0-	-0-
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	-0-	-0-
10	Total amount of all separate expenditures of $100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	-0-	-0-
11	Total expenditures reported this period. (Line 9 + 10)	-0-	-0-
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	-0-	-0-
	INVESTMENTS		
13	Total value of investments held at the beginning of this reporting period.		-0-
14	Total value of investments held at the end of this reporting period.		-0-
	TOTAL NET BALANCE ON HAND		
15	Net balance on hand. (Line 6 - 12 + 14)	-0-	-0-

* O.C.G.A. 21-5-3(10) : 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 of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page ____ of ____

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State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: _____ Election Year: _____	Amount
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

Election Cycle*: _____ Election Year: 2022	Amount
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

Election Cycle*: _____ Election Year: 2022	Amount
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
Public Officer/Candidate/Other Than Candidate Committee Name

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State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than $100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name	Date	Occupation	☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special	Cash Amt.	Est. Value -0-
Last Name					
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer	☐ Run-Off Special Primary		Description NONE
City					
State Zip					
Aff. Comm.					
First Name / Business Name	Date	Occupation	☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special	Cash Amt.	Est. Value -0-
Last Name					
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer	☐ Run-Off Special Primary		Description NONE
City					
State Zip					
Aff. Comm.					
First Name / Business Name	Date	Occupation	☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special	Cash Amt.	Est. Value -0-
Last Name					
Address					
Address2	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Employer	☐ Run-Off Special Primary		Description NONE
City					
State Zip					
Aff. Comm.					

Itemized Contributions Page Total $ -0- $ -0-

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page ___ of ___

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First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
			☐ Primary		
Last Name			☐ General		-0-
			☐ Special		
			☐ Special Primary		
Address			☐ Run-Off Primary		
			☐ Run-Off General		
Address2	☐ Monetary	Employer	☐ Run-Off Special		Description
			☐ Run-Off Special Primary		
City	☐ In-Kind				NONE
State / **Zip**	☐ Common Source				
Aff. Comm.	☐ Credit Received on Loan				

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
			☐ Primary		
Last Name			☐ General		-0-
			☐ Special		
			☐ Special Primary		
Address			☐ Run-Off Primary		
			☐ Run-Off General		
Address2	☐ Monetary	Employer	☐ Run-Off Special		Description
			☐ Run-Off Special Primary		
City	☐ In-Kind				NONE
State / **Zip**	☐ Common Source				
Aff. Comm.	☐ Credit Received on Loan				

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
			☐ Primary		
Last Name			☐ General		-0-
			☐ Special		
			☐ Special Primary		
Address			☐ Run-Off Primary		
			☐ Run-Off General		
Address2	☐ Monetary	Employer	☐ Run-Off Special		Description
			☐ Run-Off Special Primary		
City	☐ In-Kind				NONE
State / **Zip**	☐ Common Source				
Aff. Comm.	☐ Credit Received on Loan				

First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value
			☐ Primary		
Last Name			☐ General		-0-
			☐ Special		
			☐ Special Primary		
Address			☐ Run-Off Primary		
			☐ Run-Off General		
Address2	☐ Monetary	Employer	☐ Run-Off Special		Description
			☐ Run-Off Special Primary		
City	☐ In-Kind				NONE
State / **Zip**	☐ Common Source				
Aff. Comm.	☐ Credit Received on Loan				

Itemized Contributions Page Total $ -0- $ -0-

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)
** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

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Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address Address2 City State Zip	3. ☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Address Address2 City State Zip	NONE
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address Address2 City State Zip	3. ☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special ☐ Run-Off Special Primary	Address Address2 City State Zip	NONE
Reference: OCGA § 21-5-34(b)(1)			Loan Page Total $ 0

*   Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)
**   Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

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State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures
Must list expenditures made to a single recipient for which the aggregate total more than $100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name ⎯⎯ Last Name ⎯⎯ Address ⎯⎯ Address2 ⎯⎯ City ⎯⎯ State ⎯⎯ Zip ⎯⎯	Date ⎯⎯ ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund NONE ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment	Occupation NONE Employer NONE	NONE	—0—
First Name ⎯⎯ Last Name ⎯⎯ Address ⎯⎯ Address2 ⎯⎯ City ⎯⎯ State ⎯⎯ Zip ⎯⎯	Date ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund NONE ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment	Occupation NONE Employer NONE	NONE	—0—
First Name ⎯⎯ Last Name ⎯⎯ Address ⎯⎯ Address2 ⎯⎯ City ⎯⎯ State ⎯⎯ Zip ⎯⎯	Date ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund NONE ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment	Occupation NONE Employer NONE	NONE	—0—

Page Total $ —0—

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
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List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name ___ Last Name ___ Address ___ Address2 ___ City ___ State ___ Zip ___	Date ___ ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment NONE	Occupation NONE Employer NONE	NONE	-0-
First Name ___ Last Name ___ Address ___ Address2 ___ City ___ State ___ Zip ___	Date ___ ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment NONE	Occupation NONE Employer NONE	NONE	-0-
First Name ___ Last Name ___ Address ___ Address2 ___ City ___ State ___ Zip ___	Date ___ ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment NONE	Occupation NONE Employer NONE	NONE	-0-
First Name ___ Last Name ___ Address ___ Address2 ___ City ___ State ___ Zip ___	Date ___ ☐ Expenditure ☐ In-Kind ☐ Loan Repayment ☐ Refund ☐ Reimbursement ☐ Credit Card ☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense ☐ Investment NONE	Occupation NONE Employer NONE	NONE	0

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name   Page Total $ _0_

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page ____ of ____

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State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name	Account #

Institution/Person Holding Account _____ NONE _____ Mailing Address _____ Address2 _____ City State Zip	Value at beginning of reporting period $ —0—
	Value at end of reporting period $ —0—
	Difference in value $ —0—
	Interest Paid Out $ —0—
	Cash Dividends $ —0—

Investment Transactions

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
	NONE	—0—	—0—	—0—	—0—

2. Investment Name NONE	Account # NONE

Institution/Person Holding Account _____ Mailing Address _____ NONE Address2 _____ City State Zip	Value at beginning of reporting period $ —0—
	Value at end of reporting period $ —0—
	Difference in value $ —0—
	Interest Paid Out $ —0—
	Cash Dividends $ —0—

Investment Transactions

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
	NONE	NONE	NONE	—0—	—0—

Total value of investments at beginning of reporting period $	Page Total Cash Dividends: $ —0—
Total value of investments at end of reporting period $	Page Total Interest Paid Out: $ —0—
Total difference in value $	Page Total Profit: $ —0—
	Page Total Loss: $ —0—

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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. Information that is to be reported in the body of the report **should not** be listed on Addendum Statement.

NONE

Public Officer/Candidate/Other Than Candidate Committee Name   _____ Page ____ of ____