

STATE OF GEORGIA

FINANCIAL DISCLOSURE STATEMENT☒ Original ☐ Amendment (Enter date of statement being amended)

Date of this Statement: 2/7/2018

Covering Calendar Year: 2017

Name of Public Officer or Candidate: Charles E. Auslander, III
First Middle LastMailing Address: P O Box 733 Athens Athens-Clarke GA 30603
Street or P O Box City County State Zip

Telephone Number: (Office) 706-207-6166 (E-mail) charlesauslander@gmail.com

Name of Public Office Held or Sought Judge of State Court (Auslander)

Filer ID: _____

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.

- (1) Every constitutional officer;
- (2) Every elected state official;
- (3) The executive head of every state department or agency, whether elected or appointed;
- (4) Each member of the General Assembly;
- (5) Every elected county official, every elected county or area school superintendent, and every elected member of a county or area board of education; and
- (6) 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:

<input checked="" type="checkbox"/>	No monetary fee or honorarium.
<input type="checkbox"/>	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:

<input type="checkbox"/>	No fiduciary positions in any business entity.
<input checked="" type="checkbox"/>	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

Chairman

Monsignor Donovan Catholic High School - 590 Lavender Road Athens, GA 30606

Non-profit Catholic High School

Business Entity #2

Chair

Supreme Court Commission on Dispute Resolution - 244 Washington St, Suite 300 Atlanta, GA 30334

Supreme Court Commission overseeing Georgia Office of Dispute Resolution

Business Entity #3

Board Member

Athens Community Council on Aging - 135 Hoyt St Athens, GA 30601

Non-profit Service Provider for Aging Population

Business Entity #4

Treasurer

Board of Control of Tau Kappa Epsilon Fraternity - 1015 Macon Highway Athens, GA 30605

Not for profit housing board for undergraduate fraternity at UGA

Business Entity #5

Chair

Athens Catholic Radio - 958 Epps Bridge Parkway Athens, GA 30606

Non-profit radio for St. Joseph Catholic Church

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. (You may attach additional sheets of paper if necessary.)

I held:

- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | No direct ownership interests in any business entity. |
| <input type="checkbox"/> | 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.

#1

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Ownership Interests

Check One or Both If Applicable

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Ownership interest is more than 5% |
| <input type="checkbox"/> | 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. (You may attach additional sheets of paper if necessary.)

I had:

<input type="checkbox"/>
<input checked="" type="checkbox"/>

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

Clarke

Georgia

240 Sedgfield Place, Athens, GA (personal residence)

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. (You may attach additional sheets of paper if necessary.)

My spouse had:

<input type="checkbox"/>	No ownership interests with a fair market value in excess of \$ 5,000.00
<input checked="" type="checkbox"/>	Ownership in the following tracts with a fair market value in excess of \$5000,00

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

Clarke
Georgia
240 Sedgefield Place, Athens, GA (personal residence)

The Value of this tract is:

<input type="checkbox"/>	Between \$5,000 and \$100,000
<input type="checkbox"/>	Between \$100,000.01 and \$200,000
<input checked="" type="checkbox"/>	More than \$200,000

SECTION VI
EMPLOYMENT AND FAMILY MEMBERS

Filer's Occupation Judge, State Court of Athens-Clarke County
Filer's Employer Unified Government of Athens-Clarke County
Employer's Address P. O. Box 1868 Athens, GA 30603
Employer's Principal Activity County Government

Filer's Spouse's Name Susan Lee Auslander
Spouse's Occupation Professor
Spouse's Employer Georgia State University
Address of Spouse's Employer P. O. Box 3965 Atlanta, Georgia 30302
Principal Activity of Spouse's Employer Public Research University

SECTION VII
INVESTMENT INTERESTS

List the name of any business or subsidiary thereof or 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.

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.) *

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 111 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

- | | |
|--|--|
| <input checked="checked" type="checkbox"/> | No annual payments in excess of \$10,000.00 from any State entity. |
| <input type="checkbox"/> | 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).

#1

VERIFICATION BY OATH OR AFFIRMATION

State of Georgia _____ County of _____

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

Wednesday, February 7, 2018

Signature of Notary Public

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.

My Commission expires _____

