

## STATE OF GEORGIA

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

Date of this Statement: 4/20/2018

Covering Calendar Year: 2017

Name of Public Officer or Candidate: Jerry Blake NeSmith  
First Middle Last

Mailing Address: 210 Deerhill Drive Bogart GA GA 30622  
Street or P O Box City County State Zip

Telephone Number: (Office) 7062483547 (E-mail) jerrynsmith@gmail.com

Name of Public Office Held or Sought ACC Commissioner District 6 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**

Board Member

Advantage Behavioral Health System - 250 North Avenue Athens, GA 30606

Mental health services

### 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**


#### 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"/>	No ownership interests with a fair market value in excess of \$5,000.00
<input checked="" type="checkbox"/>	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

GA

210 Deerhill Drive (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 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 checked="" type="checkbox"/>	No ownership interests with a fair market value in excess of \$ 5,000.00
<input 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).

#1

_____
_____
_____

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 type="checkbox"/>	More than \$200,000

**SECTION VI**  
**EMPLOYMENT AND FAMILY MEMBERS**

Filer's Occupation Administrator  
Filer's Employer University of Georgia  
Employer's Address 215 S. Jackson St. Athens, GA 30612  
Employer's Principal Activity Education

Filer's Spouse's Name Farol NeSmith  
Spouse's Occupation Retired  
Spouse's Employer \_\_\_\_\_  
Address of Spouse's Employer \_\_\_\_\_,  
Principal Activity of Spouse's Employer \_\_\_\_\_

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

No annual payments in excess of \$10,000.00 from any State entity.

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).

#### State entity source #1

University of Georgia - 215 S. Jackson St. Athens, GA 30612

\$127.00

Salary

#### 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

Friday, April 20, 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 \_\_\_\_\_

