

**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:

No monetary fee or honorarium.
 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:

No fiduciary positions in any business entity.
 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

Business entity #2

Business entity #3

Business entity #4

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 \$5,000.00. (You may attach additional sheets of paper if necessary.)

I held:

No direct ownership interests in any business entity.
 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.

Business entity #1

*CFO, Manager
Just Wright 430 Hampton CT Athens GA 30605
Artwork, Property Renovation + Management*

Ownership Interests
Check One or Both If Applicable

Ownership interest is more than 5%
 Ownership interest has a net fair market value of more than \$5,000.00

Business entity #2

Ownership interest is more than 5%
 Ownership interest has a net fair market value of more than \$5,000.00

Business entity #3

Ownership interest is more than 5%
 Ownership interest has a net fair market value of more than \$5,000.00

Business entity #4

Ownership interest is more than 5%
 Ownership interest has a net fair market value of more than \$5,000.00

Business entity #5

Ownership interest is more than 5%
 Ownership interest has a net fair market value of more than \$5,000.00

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.

My spouse had:

No ownership interests with a fair market value in excess of \$ 5,000.00
 Ownership in the following tracts 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

Athens-Clarke County

GA

430 Hampton CT, homestead, primary residence

The Value of this tract is

Between \$ 5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #2

Athens-Clarke County

GA

445 Southview DR, guest house + rental property

The Value of this tract is

Between \$ 5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #3

Hart County

GA

302 Paradise Point, Secondary Residence + Family guest House

The Value of this tract is

Between \$ 5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #4

The Value of this tract is

Between \$ 5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

Property #5

The Value of this tract is

Between \$ 5,000 and \$100,000
 Between \$100,000.01 and \$200,000
 More than \$200,000

SECTION VI EMPLOYMENT AND FAMILY MEMBERS

Filer's Occupation Self-employed Medical Illustrator
Filer's Employer Just Wright
Employer's Address 430 Hampton Ct Athens GA 30605
Employer's Principal Activity Artwork, property renovation + management
Filer's Spouse's Name Eugene N. Wright
Spouse's Occupation retired - Professor Emeritus
Spouse's Employer retired UGA
Address of Spouse's Employer NA
Principal Activity of Spouse's Employer NA

SECTION VII INVESTMENT INTERESTS

List the name of any 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.

Business or Investment Entity #1

Name _____

Business or Investment Entity #2

Name _____

Business or Investment Entity #3

Name _____

Business or Investment Entity #4

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.)

Business or Investment Entity #1

Name _____

Business or Investment Entity #2

Name _____

Business or Investment Entity #3

Name _____

Business or Investment Entity #4

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 III 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:

- 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

State entity source #2

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

_____, 20_____. _____

Signature of Candidate or Public Officer

Signature of Notary Public

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 _____.