STATE OF GEORGIA

Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave SE, Suite 1402-West Tower, Atlanta, GA 30334

RECEIVED FEB - 4 2014 BY:

AFFIDAVIT OF A CANDIDATE'S INTENT NOT TO EXCEED $2,500 IN CONTRIBUTIONS AND/OR EXPENDITURES

Per O.C.G.A. §21-5-34(d)(d.1)(1),

JOHN ROBERT HOWARD is a candidate for City Council
(Full Name of Candidate) (Office Sought)

in Snellville, GA.
(City or County)

By completing this form, JOHN ROBERT HOWARD am swearing
(Full Name of Candidate/Chairman/Treasurer)

that JOHN ROBERT HOWARD qualified on 8/26/13
(Full Name of Candidate) (Date Qualified)

for the above listed office in the above listed location and the election will be held on 11/7/17.
(Date)

By submitting this form I am affirming that I, the above named candidate above **do not** intend to accept during this calendar year a combined total of contributions exceeding $2,500.00 for the campaign nor make a combined total of expenditures exceeding $2,500. If the above named candidate does not exceed $2,500.00 in contributions or expenditures then the candidate **SHALL** not have to file a report under O.C.G.A. §21-5-34 (c).

I understand that if I, the above named candidate, exceed the $2,500 limit for either accepting contributions or making expenditures for such campaign during the calendar year of such qualifying, but do not accept a combined total of contributions exceeding $5,000.00 or make expenditures exceeding $5,000.00 then I, the above named candidate, **SHALL** be required to file only the June 30 and October 25 reports required by O.C.G.A. §21-5-34 (c) (2). The first of such reports shall include all contributions received and expenditures made beginning January 1 of such calendar year.

Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding $5,000.00 or make expenditures exceeding $5,000.00 during the calendar year of such qualifying, then I, the above named candidate **SHALL** be subject to the reporting requirements of this Code section the same as if the I had not submitted written notice on the date that I, the candidate for the above office as if I, have not filed this affidavit on the date of qualifying.

State of Georgia County of Gwinnett

I, the undersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to the best of my knowledge and belief.

Sworn to and subscribed before me on Feb. 4, 2014

Melissa Arnold
Signature of Notary Public

Signature of Candidate/Chairman/Treasurer filing Affidavit

Melissa Arnold Notary Public Walton County, Georgia

My Commission expires on
Notary Public Walton County, Georgia
Commission Expires the 8th day of August, 2017

Notary Seal