

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE GGTACFC	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
------------------------------------	------------------------	-----------	---------------	--------	-------

GEORGIA GOVERNMENT TRANSPARENCY AND CAMPAIGN FINANCE COMMISSION

Case Type:

- RV (Registration Violation) CAN (Candidate) LOBB (Lobbyist) VEN (Vendor) Other
 FDV (Finance Disclosure Violation) NCAN (Non-Candidate/Independent Committee)

Relief Sought:

- Cease and desist order
 Order Requiring Defendant to make public complete statements, in corrected form
 Civil penalty not to exceed \$1,000.00 for first violation
 Civil penalty not to exceed \$10,000.00 for a second occurrence of a violation of the same provision
 Civil penalty not to exceed \$25,000.00 for each third or subsequent occurrence of a violation of the same provision
 Denial, suspension or revocation of the registration of a lobbyist
 Award attorneys' fees
 Other

DATE COMPLAINT FILED WITH COMMISSION:

COUNTY OF ALLEGED VIOLATOR:

CONTACT PERSON IN COMMISSION:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

PLAINTIFF:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

PLAINTIFF'S ATTORNEY:

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: PAGER:

DEFENDANT:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

DEFENDANT'S ATTORNEY:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: PAGER:

* The verified Complaint initiating the action and proof of service on Defendant must be attached to this Form and mailed to:

Clerk of Court
Georgia Office of State Administrative Hearings
225 Peachtree Street, NE, South Tower, Suite 400
Atlanta, GA 30303