

Instructions for Electronic Ethics Filing via EasyVote

Including Required Access Forms for Candidates and Account Managers


Dear Candidate,

Following the filing of your Declaration of Intent (DOI) and/or once you have qualified, we kindly ask that you register and begin submitting your ethics forms electronically through the **EasyVote Campaign Finance** system.

Please note that the “**Notice of Candidacy & Affidavit 2025**” form must be submitted in person to the Clerk’s Office during the qualifying period, August 18–20, 2025.

EasyVote provides a convenient and secure way to complete and submit your required ethics forms. It eliminates the need for notarization, stores your filings electronically, and tracks your previously reported totals for easy reference.

Any documents submitted to the Clerk’s Office are uploaded into EasyVote and forwarded to the Georgia Government Transparency and Campaign Finance Commission (Ethics Commission). You may view public filings at:

 <https://cityofdouglasvillega.easyvotecampaignfinance.com/home/publicfilings>

Please note that you will not be able to log in until the Clerk’s Office adds you as an **Account Manager** in the system. You may also designate an additional Account Manager (e.g., your spouse, campaign treasurer, or committee chairperson).

Attached to this cover sheet are the following forms:

- Campaign & Financial Disclosure Easy File Access Application – Candidate/Office Holder
- Campaign & Financial Disclosure Easy File Access Application – Account Manager Identification

Completion of **either form** is required for the Clerk’s Office to create your account and grant access to the system.

To request login access, please email the completed form to:
City-Clerks-Office@douglasvillega.gov

With sincere appreciation,

City Clerk’s Office

CITY OF DOUGLASVILLE

VICKI L. ACKER
MUNICIPAL CLERK
ELECTION SUPERINTENDENT

CANDYCE JAMES
DEPUTY CITY CLERK

GINA DAVIS
ASSISTANT CITY CLERK



6695 CHURCH STREET
DOUGLASVILLE, GA 30134
Main: 770-920-3000
Fax: 770-920-0499
Email:
CITY-CLERKS-OFFICE@douglasvillega.gov

OFFICE OF MUNICIPAL CLERK

Campaign & Financial Disclosure Easy File Access Application

Candidate/Office Holder Identification – Please Print

*All Fields Required
No Government Address, Phone or E-mail Allowed*

Legal Name of Public Official or Candidate: _____

Office Held or Sought: _____ Voting Precinct _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Alternate Phone: _____

Email Address: _____

Candidate/Office Holder Acknowledgements

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By initialing here, I acknowledge that I have read and understand that, pursuant to O.C.G.A. § 21-5-34.1(e), the filing of any campaign contribution disclosure report required under this article shall constitute an affirmation that the report is true, complete, and correct.

☐

By initialing here, I acknowledge that I have read and understand that, pursuant to O.C.G.A. § 21-5-50(e), the filing of any financial disclosure statement required under this article shall constitute an affirmation that the report is true, complete, and correct.

☐

By initialing here, I acknowledge that by selecting the "E-Sign and Submit" button I am signing all submissions and disclosures filed on the City of xxxxxxxx Campaign and Financial Disclosure Easy File System. I agree that my electronic signature is the legal equivalent of my manual signature for any and all submissions and disclosures now and hereafter filed on this system. Further, I swear and hereby affirm that the information I submit electronically is true and correct to the best of my knowledge and belief.

Notarization Required

State of _____, County of _____

I, the undersigned Candidate/Public Official do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief.

Signature of Public Official/Candidate _____

This document was sworn to or affirmed and subscribed before me on this _____ day of _____, 20____

Notary Signature: _____

Printed Name of Notary: _____

My Commission Expires: _____

CITY OF DOUGLASVILLE

VICKI L. ACKER
MUNICIPAL CLERK
ELECTION SUPERINTENDENT

CANDYCE JAMES
DEPUTY CITY CLERK

GINA DAVIS
ASSISTANT CITY CLERK



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OFFICE OF MUNICIPAL CLERK

Campaign & Financial Disclosure Easy File Access Application

Account Manager Identification – Please Print

All Fields Required

☐ Original ☐ Amendment

No Government Address, Phone or E-mail Allowed

Legal Name of Account Manager: _____

Candidate Office Held or Sought: _____ Voting Precinct _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Alternate _____

Email Address: _____

Candidate/Account Manager Acknowledgements

☐

By initialing here, I acknowledge that I have read and understand that, pursuant to O.C.G.A. § 21-5-34.1(e), the filing of any campaign contribution disclosure report required under this article shall constitute an affirmation that the report is true, complete, and correct.

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By initialing here, I acknowledge that I have read and understand that, pursuant to O.C.G.A. § 21-5-50 (e), the filing of any financial disclosure statement required under this article shall constitute an affirmation that the report is true, complete, and correct.

☐

By initialing here, I acknowledge that by selecting the “Submit” button I am signing all submissions and disclosures filed on the City of Douglasville Campaign and Financial Disclosure Easy File System. I agree that my electronic signature is the legal equivalent of my manual signature for any and all submissions and disclosures now and hereafter filed on this system. Further, I swear and hereby affirm that the information I submit electronically is true and correct to the best of my knowledge and belief.

Notarization Required

State of _____, County of _____

I, the undersigned Account Manager do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief.

Signature of Account Manager _____

I, the undersigned Candidate/Public Official do hereby swear and affirm that I authorize the above Account Manager to submit Campaign and Financial Disclosure Reports on my behalf.

Signature of Candidate _____

This document was sworn to or affirmed and subscribed before me on this _____ day of _____, 20____

Notary Signature: _____

Printed Name of Notary: _____

My Commission Expires: _____