

To: The Chairman and Secretary of
State Executive Committee of the
REPUBLICAN Party
State of Georgia

DECLARATION OF CANDIDACY AND AFFIDAVIT
(STATE)

I, the undersigned, being first duly sworn on oath, do depose and say: my name is BRIAN PORTER KEMP

my residence address is 111 JONES RD
(Street Number) (Street)

ATHENS CLARKE GA 30601-1106
(City) (County) (State) (Zip Code)

my post office address is P.O. BOX 5486 ATHENS GA 30604-0518

my telephone number is _____
(Business) (Home)

my profession, business, occupation (if any) is GOVERNOR/SMALL BUSINESS OWNER

the name of my precinct is 1A; I am an elector of the county of my

residence and eligible to vote in the primary election in which I am a candidate for nomination; the name of the office

I am seeking is GOVERNOR; my date of birth is _____; as of the
(Circuit, District, or Post if Applicable)

general election for this office, I will have been a legal resident of the State of Georgia for 58 consecutive years; a legal

resident of CLARKE county for 56 consecutive years; a legal resident of my district (if applicable)

for _____ consecutive years; and a legal resident of my circuit (if applicable) for _____ consecutive years;

I am a citizen of the United States; I am eligible to hold such office; I am a candidate for nomination in the

REPUBLICAN GENERAL PRIMARY ELECTION to be held on the 24 day of May, 2022;
(Primary)

I have never been convicted and sentenced in any court of competent jurisdiction for fraudulent violation of primary or election laws, malfeasance in office, or felony involving moral turpitude or conviction of domestic violence under the laws of this State, any other State, or of the United States, or, if so convicted that my civil rights have been restored and at least ten years have elapsed from the date of the completion of the sentence without a subsequent conviction of another felony involving moral turpitude; I am not a defaulter for any federal, state, county, municipal, or school system taxes required of such officeholder or candidate if such person has been finally adjudicated by a court of competent jurisdiction to owe those taxes, but such ineligibility may be removed at any time by full payment thereof, or by making payments to the tax authority pursuant to a payment plan, or under such other conditions as the General Assembly may provide by general law (pursuant to Ga. Const. Art. II, Sec. II, paragraph III); I will not knowingly violate any provisions of the Georgia Election Code (O.C.G.A. § 21-2) or of the rules or regulations adopted thereunder; I will not knowingly violate the rules or regulations of the Republican party

I understand that any false statement knowingly made by me in this Declaration of Candidacy and Affidavit will subject me to criminal penalties as provided by law and I hereby request you to cause my name to be placed on the ballots to be used in such primary election as a candidate for the nomination I am seeking.

B.P.K.
(Signature of Candidate)

Sworn to and subscribed before this 10th day of March, 2022

Karen J. Hentschel
(Notary Public)

My Commission Expires:

(Required by Ga. Election Code, O.C.G.A. § 21-2-153)



I desire that my name appear on the ballot as follows (the surname of the candidate shall be as it appears on the candidate's voter registration card):

Should I be elected, I desire that my name appear on official documents as follows:

BRIAN KEMP
(Please Print)

BRIAN PORTER KEMP
(Please Print)

(over)

Candidate Information to Appear on the Secretary of State's Website

The following fields represent required information that will be pulled from the information displayed on your qualifying paperwork. This information can be edited, but the information displayed on the website must match the information on the qualifying paperwork.

Name on the Ballot BRIAN KEMP

Party Affiliation Republican

Incumbent Status YES

Occupation GOVERNOR/SMALL BUSINESS
OWNER

Qualified Date 03/10/2022

Optional information

Address: P.O. 5486
ATHENS GA 30604

Phone Number: 

Email: BK@BRIANKEMP2022.COM

Website: WWW.BRIANKEMP2022.COM

Approval of Candidate or Agent

I understand that the above information will be posted to the Secretary of State's website and will be accessible by the general public.

Signature: _____

B.K.

Date: _____

3/10/2022

I DO SWEAR OR AFFIRM MY ALLEGIANCE TO THE GEORGIA REPUBLICAN PARTY.

Print Name of Candidate: Brian P. Kemp

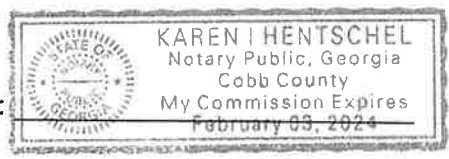
Signature of Candidate: B.P.K.

Date: 3/10/2022

Sworn to or affirmed and subscribed
before me this 10th day of March, 2022.

Karen J Hentschel
Notary Public

My commission expires:





2022 Qualifying Fee Payment Information

Please provide the following information for reporting purposes to the FEC & State Ethics:

Is your payment drawn from: _____ Personal Account _____ Campaign Account

If Personal Account, please provide:

Candidate Name: _____

Address: _____

Email Address: _____

Cell Number: _____

Employer: _____

Occupation: _____

If Campaign Account, please provide:

Campaign Name: Help for Governor, Inc.

Campaign Address: PO Box 5486, Athens, GA 30604

Email Address: BK@

Cell Number: _____