

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type <small>(Select One)</small> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>1</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Alpharetta City Council Post 5</u> <small>(Include county, municipality, district/post or judicial seat)</small> Filer ID <u>C2015000207</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 2px solid blue; padding: 5px; display: inline-block; font-size: 1.2em;">1/10/2023</div>
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3. Identifying and Contact Information

(1) Jason K Binder (2) 1/10/23
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 150 N Bluff Alpharetta GA 30004
Mailing Address City State Zip Code

(4) 770 778 4682 and/or JASON@JASONSINDER.COM
Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? Yes No

(6) If yes, is the committee registered with the Commission? Yes No

(7) If yes, complete the following: Jason Binder | Jason Binder
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

My Non-Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input checked="" type="checkbox"/> Dec. 31, <u>2019</u> (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)			

*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i

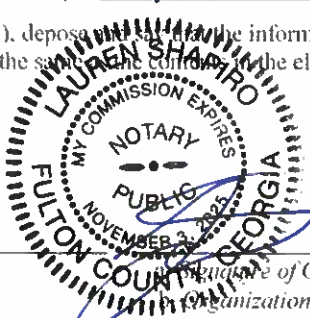
State of Georgia County of Fulton

I, Jason Binder, being duly sworn (affirm), depose that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on January 10, 2023

Lauren Shapiro 11/3/2025
Signature of Notary Public Commission Expiration

Jason Binder
Signature of Candidate/Organization/Chairperson/Treasurer



State of Georgia Campaign Contribution Disclosure Report Summary Report

CONTRIBUTIONS RECEIVED

1	I have no contributions to report. I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*. ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		39,646.54
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		0
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		0
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		39,646.54

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		21,125.32
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		4,500
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page		0
11	Total expenditures reported this period. (Line 9 + 10)		4,500
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		25,625.32

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		JKB
14	Total value of investments held at the end of this reporting period.		15,021.22

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		14,021.22
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name: <i>Horton for Mayor</i> Last Name: _____ Address: _____ Address2: _____ City: <i>Roswell</i> State: <i>GA</i> Zip: _____	Date: <i>10/29/19</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<i>CAMPAIGN CONTRIBUTIONS FOR DON HORTON FOR ROSWELL MAYOR</i>	<i>200</i>
First Name: <i>The Drake House</i> Last Name: _____ Address: <i>10500 NCLARA DR</i> Address2: _____ City: <i>Roswell</i> State: <i>GA</i> Zip: <i>30075</i>	Date: <i>11/26/19</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<i>NON PROFIT DONATION</i>	<i>500</i>
First Name: <i>New Prospect Strategies</i> Last Name: _____ Address: _____ Address2: _____ City: <i>Alpharetta</i> State: <i>GA</i> Zip: _____	Date: <i>12-16-19</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<i>CAMPAIGN CONSULTING</i>	<i>1,000</i>

Page Total \$ 1700

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Friends of Ben Burnett</i>		Date <i>12-16-19</i>	Occupation 	CAMPAIGN CONTRIBUTION	2,800
Last Name 					
Address 		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer 		
Address2 					
City <i>Alpharetta</i>					
State <i>GA</i>	Zip <i>30009</i>				
First Name 					
Last Name 		Occupation 			
Address 					
Address2 		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer 		
City 					
State 	Zip 				
First Name 					
Last Name 					
Address 					
Address2 		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer 		
City 					
State 	Zip 				
First Name 					
Last Name 					
Address 					
Address2 		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer 		
City 					
State 	Zip 				
First Name 					
Last Name 					

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ *2,800*

Public Officer/Candidate/Other Than Candidate Committee Name

JASON BINDER

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