hild hics. Yes □ No ☑	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	sets, "unearned" in Do not answer "y	n this report any other as hree tests for exemption(Have you excluded from because they meet all t	Exemptions	
Yes No 🗸	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ved by the Committ letails of such a tru	lified Blind Trusts" appro	Details regarding "Quadisclosed. Have you ex	Trusts	
Yes 🗌 No 🗸	ial Public Offering?	l as a part of an init	Did you purchase any shares that were allocated as a part of an initial Public Offering?	Did you purchase any s	IPO-	
SE QUESTIONS	NFORMATION ANSWER EACH OF THESE QUESTIONS	OR TRUST II	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	JSION OF SPOUS	and EXCLU	IPC
	schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	If yes, complete a	
and the appropriate	Each question in this part must be answered and the appropriate	Yes 🗸 No	any reportable liability	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Did you, your spous (more than \$10,000)	.<
	If yes, complete and attach Schedule IX.			If yes, complete and attach Schedule IV.	If yes, complete a	
outside Yes 🗸 No 🗌	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No	ise, sell, or exchange any 00 during the reporting	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	Did you, your spous reportable asset in a	<u>.</u>
	If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	If yes, complete a	
ling in the Yes ✔ No □	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🗸 No	ve "unearned" income of ny reportable asset worth	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Did you, your spous more than \$200 in the more than \$1,000 at	. =
	If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	If yes, complete a	
nan \$350 Yes I No	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No 🗸	on to charity in lieu of paying porting period?	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Did any individual or you for a speech, ap	F
	If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	If yes, complete a	
therwise Yes ☐ No ✔	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🕢 No 🔲	.g., salaries or fees) of \$200 ?	Did you or your spouse have "earned" income (e.g., salarles or fees) of \$200 or more from any source in the reporting period?	Did you or your spor	ı
	UESTIONS	OF THESE Q	ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION	ELIMINARY I	PR
late.	ition	☐ Termination	☐ Amendment	/Annual (May 15)		
more than 30 days	Termination Date:	í		V		70
be assessed against anyone who files	Employee		atives District: 09	House of Representatives		4.0
A \$200 penaity shall	Officer Or Employing Office:		State: GA	Member of the U.S.	Filer 🗸	
ப்பத(Office Use Only)	(Daytime Telephone)		(Full Name)	(Fu		
2013 MAY 15 AN III: 32	20		Douglas Allen Collins	Douglas		
	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	R 2012 FINANCIAL D	LENDAR YEA	<u>ئ</u>
DELIVERED	FORM A Page 1 of 6	TATIVES	OF REPRESENTATIVES	UNITED STATES HOUSE (NITED STA	=]
I N Z C						



SCHEDULE I - EARNED INCOME

Name Douglas Allen Collins

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. Page 2 of 6

\$1,000.		
Source	Туре	Amount
Hall County Boared of Education, Gainesville, GA	Salary	\$65,384
Georgia General Assembly, Atlanta, GA	Salary	\$12,756
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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	Douglas Allen Collins		Page 3 of 6
	BLOCK A	вгоск в	BLOCK C	BLOCK D	вгоск Е
ASS Identify (a) sec value exceedin reportable ass "unearmed" inc	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	Year-End Value of Asset Indicate value of asset at close of reporting year. If	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	Amount of income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comple For all IRAs an each asset hek	Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	method other than fair market value, please specify the method used.	(such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if	the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check	reporting year.
For rental or of a description, e	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	If an asset was sold during the reporting year and is included only because it	reinvested, must be disclosed as income. Check "None" If the asset generated no income during the proportion period.	* This column is for income	
For an ownership in state the name of th location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	yalue should be "None." * This column is for assets	anning an reporting bounce.	generated by assets held solely by your spouse or dependent child.	
Exclude: Your (unless there w \$5,000 or less i in, or income d Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	or dependent child.			
If you so choos spouse (SP) or optional colum	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
For a detailed discuinstruction booklet.	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.				
SP	Farm, Chicken, Banks County GA	\$100,001 - \$250,000	RENT/Other: Farm Income	\$15,001 - \$50,000	
Sp	GA Teacher Retirement/ Non- self directed	\$100,001 - \$250,000	None	NONE	The state of the s
SP	Horace Mann Annuity: Wilsh VIT income Fund 2,381.31;	\$1,001 - \$15,000	None	NONE	
	Wilsh Large CO Value 2,267.91; Fiedelity Growth 2,381.30; Fidelity Mid Cap 680.38; Fidelity Overseas 2,381.32; Royce Capital Fund SmC 1,247.36.				
JT	Savings Account, United Commercial Bank	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

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SCHEDULE V - LIABILITIES

Name Douglas Allen Collins

Page 4 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; for liabilities held solely by your spouse or dependent child.

S. 3	June 2002 Equity Loan-4833 T. Martir Rd. Gainesville, GA 30506	Suntrust Bank	JT
	September Student Loan 2005	American Education	, If
	Date Liability Incurred Type of Liability	Creditor	SP, DC, JT

SCHEDULE VIII - POSITIONS

Name Douglas Alten Collins

Page 5 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position Name of Organization Managing Partner Collins and Csider, LLC		
	Position	
	Managing Partner	Collins and Csider, LLC
Director Lanier Technical College Foundation	Director	Lanier Technical College Foundation

SCHEDULE IX - AGREEMENTS

Name Douglas Allen Collins

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

employee wellal	employee Welfare of benefit plan maintailled by a former employer.	
Date	Parties To	Terms of Agreement
Jan 2007	Myself and the State of Georgia	Pension Annuity for service in the state legislature