

**STATE OF GEORGIA
FINANCIAL DISCLOSURE STATEMENT**

Original Statement

Date of this Statement: **06/25/2015** Covering Calendar Year: **2014**

Name of Public Officer or Candidate: **Lindsay Dozier Holliday**

Mailing Address: **3091 Ridge Avenue Macon, GA 31204**

Telephone Number: **(478) 742-8699** Telephone Number: **(478) 335-3452**

**2014 - Financial Disclosure Statement -- Elected Public Officer
Electronically filed with the Georgia Government Transparency
and Campaign Finance Commission on 6/25/2015 1:29:34PM**

Confirmation #F201201269634224

The electronic filing of this document constitutes an affirmation that the statement is true, complete, and correct. As per modifications of the Ethics in Government Act, filing a separate notarized affidavit is no longer required. See O.C.G.A. §§ 21-5-34.1(e) and 21-5-50(e).

SECTION I

MONETARY FEES RECEIVED

(This section to be completed by Public Officers only)

Identify each monetary fee or honorarium accepted from speaking engagements, participation in seminars, discussion panels, or other activities that directly relate to the official duties of, or to the office of the public officer, with a statement identifying the fee or honorarium and the person or entity from whom it was accepted.

Identify Fee or Honorarium	Amount Accepted	Identifying Information of of Person or Entity from Whom Accepted
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No monetary fee or honorarium.

SECTION II

FIDUCIARY POSITIONS

Name all fiduciary positions held by the candidate for public office or the public officer at any time during the covered year.. (You may expand this section if necessary to include all positions.) A **fiduciary position** is any position imposing a duty to act primarily for another's benefit as officer, director, manager, partner, guardian, or other designations of general responsibility of a business entity. A fiduciary position may be a **paid or unpaid position**. A **business entity** is any corporation, sole proprietorship, partnership, limited partnership, limited liability company, limited liability partnership, professional corporation, enterprise, franchise, association, trust, joint venture, or other entity, whether **profit or nonprofit**.

Title of Position	Name, address, and principal activity of business entity
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Owner	Holliday Dental Associates 360 Spring Street Macon, GA. 31201 Work Hard
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SECTION III

DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned **or** held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify the name, address and principal activity of any business entity and the office held by and the duties of the candidate for public office or public officer within a business entity any time during the covered year in which a direct ownership interest: (A) Is more than 5 percent of the total interest in the business; or (B) Has a net fair market value of more than \$5,000.00.

Name, address, and principal activity of business entity	Office held by candidate or public officer Duties of the candidate or public officer	Ownership Interests
Holliday Dental Associates 360 Spring St Macon, GA. 31201 Work	President General Dentistry	Ownership interest is more than 5% and has a net fair market value of more than \$5,000.00.
THE 360 SPRING CORP 360 Spring Street Building Management of Property at same address	President Management	Ownership interest is more than 5% and has a net fair market value of more than \$5,000.00.

**SECTION IV
DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY**

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned **or** held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify each tract of real property in which the candidate for public office or public officer has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00. "Fair market" value means the appraised value of the property for ad valorem tax purposes. Check one box to show the applicable valuation range for each tract.

County and State where property is located	General description of property (give street address or location, size of tract, and nature or use of property)	Value of tract
Bibb, GA	Home Residence 3091 Ridge Ave Macon, GA 31204	Between \$100,000.01 and \$200,000
Bibb, GA	unimproved land lot at 738 Forest Hill Road	Between \$5,000 and \$100,000
Bibb, GA	107 Lichelle Court in Macon, Ga. unimproved lot	Between \$5,000 and \$100,000

**SECTION V
SPOUSE'S DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY**

Identify each tract of real property in which the filer's spouse has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00. Check one box to show the applicable valuation range for each tract.

County and State where property is located	General description of property (give street address or location, size of tract, and nature or use of property)	Value of tract
No ownership interests with a fair market value in excess of \$5,000.00		

**SECTION VI
EMPLOYMENT AND FAMILY MEMBERS**

Filer's Occupation: General Dentistry

Filer's Employer: Self

Employer's Address: 360 Spring St. Macon, GA 31201

Employer's Principal Activity: Dentistry

Filer's Secondary Occupation:

Filer's Secondary Employer:

Employer's Secondary Address:

Employer's Secondary Principal Activity:

Filer's Spouse's Name: Marie MacKay

Spouse's Occupation: Secretary

Spouse's Employer: Holliday Dental Associates

Spouse's Employer's Address: 360 Spring St. Macon, GA 31201

Spouse's Employer Principal Activity: Dentistry

Spouse's Secondary Occupation:

Spouse's Secondary Employer:

Spouse's Secondary Employer's Address:

Spouse's Secondary Employer's

Principal Activity:

**SECTION VII
INVESTMENT INTERESTS**

List the name of any business or subsidiary thereof or investment in which the filer (either individually or with any other legal or natural person or entity) owns a direct ownership interest that: (1) is more than 5 percent of the total interests in such business or investment, or (2) has a net fair market value of more than \$5,000.00. (Do not list individual stocks and bonds that are held by mutual funds.)

Business or Investment Entity Name

No investment interests that is more than 5 percent of the total interests in such business or investment, or with a fair market value of more than \$5,000.00.

SECTION VIII

KNOWN BUSINESS OR INVESTMENT INTERESTS OF SPOUSE AND DEPENDENT CHILDREN

Identify any business or investment known to the filer in which the filer's spouse or dependent children have a direct ownership interest (either individually or with any other legal or natural person or entity) which interest: (1) is more than 5 percent of the total interest in the business or investment, (2) has a net fair market value exceeding \$10,000.00, or (3) is one in an entity for which the filer's spouse or a dependent child serves as an officer, director, equitable partner, or trustee. (Do not list individual stocks and bonds that are held by mutual funds.)

- a. Name of Business or Investment Entity,**
- b. Ownership (spouse/dependent children),**
- c. Indicate if officer, director, equitable partner, or trustee (where applicable)**

Holliday Dental Associates
Spouse, Director

SECTION IX

**ANNUAL PAYMENTS RECEIVED
FROM THE STATE OF GEORGIA**

(This section to be completed by Public Officers only)

Identify all annual payments in excess of \$10,000.00 received by the public officer, or by any business entity identified in Section III above, from the State or any agency, department, commission or authority created by the State, and authorized and exempted from disclosure under O.C.G.A. § 45-10-25.

Name, address of state entity making payment, and general nature of the consideration for the payment

Amount of annual payment

No annual payments in excess of \$10,000.00 from any State entity.
