

ORIGINAL

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CFC-CDDR 1.14

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type <small>(Select One)</small> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment <small>Attachment # _____</small>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought: <u>DeKalb County Board of Education - District 5</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID: _____ <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand Delivered Date <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Friends of Thad Mayfield</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

(1) Thaddeus Mayfield (2) June 30, 2014
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P.O. Box 361947 Atlanta GA 30036
Mailing Address City State Zip Code

(4) (770) 482-3004 and/or thadmayfieldboe@gmail.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: Thad Mayfield | Thad Mayfield
Name of Committee Chairperson Name of Committee Treasurer

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATION
 AND ELECTIONS
 2014 JUL -1 PM 12:15

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"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2014</u> (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (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)			

*Persons leaving office with excess funds until such funds are expended as provided in the Act
 *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)

State of Georgia County of DeKalb

I, Thaddeus Mayfield, being duly sworn (affirm), depose and say 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 contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on July 1, 2014

[Signature] **Kamal Green**
 Signature of Notary Public **NOTARY PUBLIC**
 DeKalb County, GEORGIA
 My Comm. Expires 12/13/2015

[Signature]
 a. Signature of Candidate
 b. Organization Chairperson/Treasurer

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CFC-CDR 114

**State of Georgia
Campaign Contribution Disclosure Report
Summary Report**

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> 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.		1,173.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		2,500.00
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.		1,815.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		4,315.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		5,488.00

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.		798.56
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		3,278.87
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		834.00
11	Total expenditures reported this period. (Line 9 + 10)		4,112.87
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		4,911.43

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		0
14	Total value of investments held at the end of this reporting period.		0

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		576.57
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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.

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FORM CDR 114

**State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness**

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
Public Officer Candidate Other Than Candidate Committee Name

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State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name Robert Last Name Truesdale Address 805 Peachtree Street NE Address2 City Atlanta State GA Zip 30308 Aff. Comm.	Date 4/19/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 300	Est. Value Description
First Name Charles Last Name Huddleston Address 1256 Pasadena Ave., NE Address2 City Atlanta State GA Zip Aff. Comm.	Date 4/22/2014 and 5/24/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer Nelson, Mullins, Riley & Scarborough, LLP	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input checked="" type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 450	Est. Value Description
First Name Dr. Lee Last Name Southall Address 1630 Mountain Shadow Dr. Address2 City Stone Mountain State GA Zip 30087 Aff. Comm.	Date 4/26/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Education Program Design Employer State of GA	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value Description

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First Name	Date	Occupation		Cash Amt	Est. Value
Leroy and Mildred Last Name: Browne Address: 5592 Reynard Trail	5/13/2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	150	
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City: Lithonia State: GA Zip: 30036 Aff. Comm.					
Rodney and Felicia Last Name: Mayfield Address: 5664 Southcrest Lane	5/4/2014	Education Staff	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	600	
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer: Clark Atlanta Univ.			Description
City: Lithonia State: GA Zip: 30038 Aff. Comm.					
Georgia Realtors Assoc. Last Name: Address: 1414 Montreal Rd	5/9/2014 and 6/23/2014	Administrator	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input checked="" type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500	
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City: Tucker State: GA Zip: 30084 Aff. Comm.					
James Last Name: Halford Address: 1613 Rainer Falls Dr. NE,	5/4/2014	Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	300	
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer: Retired			Description
City: Atlanta State: GA Zip: 30329 Aff. Comm.					
Itemized Contributions Page Total \$ 1,550.00 \$					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)
 ** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 *** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

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Loan Reporting

Name of Lender & Mailing Address		1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)		1.	First Name	1.
Lender Last Name		2.	Last Name	2.
Address		3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	<input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2			Address2	
City			City	
State	Zip		State	
Lender Name (First Name, Business, Inst.)		1.	First Name	1.
Lender Last Name		2.	Last Name	2.
Address		3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	<input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2			Address2	
City			City	
State	Zip		State	
Reference: OCGA § 21-5-34(b)(1) Loan Page Total \$ _____				

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

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CFC-CCDR1 14

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 Best Print and Design Last Name	Date 	Occupation Printer Employer Best Print and Design	Robo Calls	1102.67
Address 4187 Snapfinger Woods Drive, Address2 City Decatur State GA Zip 30035	<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			
First Name Tandem Communications, Inc. Last Name	Date 4/27/2014 and 5/18/2014	Occupation Political Constultant Employer	Robo Calls	624.00
Address 2897 North Druid Hills Rd. NE Address2 City Atlanta State GA Zip 30329	<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			
First Name On Common Ground Last Name	Date 5/13/2014	Occupation Newspaper Employer		650.00
Address P.O. Box 904 Address2 City Lithonia State GA Zip 30358	<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			

Page Total \$ **2,376.67**

* 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

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State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address <u>P.O. Box 361947</u> Address2 _____ <u>Decatur</u> <u>GA</u> <u>30036</u> City State Zip	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions

<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>

2. Investment Name

Account #	Investment Name
Institution/Person Holding Account _____ Mailing Address <u>P.O. Box 361947</u> Address2 _____ <u>Decatur</u> <u>GA</u> <u>30036</u> City State Zip	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions

<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>

Total value of investments at beginning of reporting period \$

Total value of investments at end of reporting period \$

Total difference in value \$

Page Total Cash Dividends: \$ 0

Page Total Interest Paid Out: \$ 0

Page Total Profit: \$ 0

Page Total Loss: \$ 0

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State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report should not be listed on Addendum Statement.

[Empty area for Addendum Statement]

Message Confirmation Report

JUL-01-2014 01:32 PM TUE

Xerox FaxCentre 2218
 Machine Fax ID :
 Serial Number : CBC460338.....
 Fax Number :

Name/Number : 918669147974
 Page : 10
 Start Time : JUL-01-2014 01:29PM TUE
 End Time : JUL-01-2014 01:32PM TUE
 Mode : STD ECM
 Results : ***Send Successful***

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07/01/2014 12:15 PM

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATION
 ANALYTICTIONS

Georgia Government Transparency and Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.gctfcs.org

1. Report Type
 Original
 Amendment

2. Filing is being made on behalf of (Select One):
 Candidate or Public Official
 Office Held or Sought
 Other (Party, Issue, or Other)
 Other (Party, Issue, or Other) (Mark as "Other")
 Other (Party, Issue, or Other) (Mark as "Other")
 Other (Party, Issue, or Other) (Mark as "Other")

3. Identifying and Contact Information

(1) **Thaddeus Mayfield**
 Full Name of Candidate or Other Than Candidate Committee
 Atlanta, GA 30036
 P.O. Box 361947
 (770) 482-3004
 (2) June 30, 2014
 Filing Date
 thadmayfieldboe@gmail.com
 and/or
 E-Mail
 Thad Mayfield
 Name of Committee Chairperson
 Thad Mayfield
 Name of Committee Treasurer

(3) If a Candidate or Public Official is there a campaign committee (or more persons) to make campaign transactions?
 Yes
 No

(4) If yes, complete the following:
 Yes
 No

(5) If yes, the committee requested with the Commission?
 Yes
 No

4. Period for which you are Reporting
 You Must Check Only One Box

My Non Election Year	<input type="checkbox"/> January 31, (Year) _____	<input type="checkbox"/> June 30, (Year) _____	<input type="checkbox"/> December 31, (Year) _____
My Election Year	<input type="checkbox"/> January 31, (Year) _____	<input type="checkbox"/> March 31, (Year) _____	<input type="checkbox"/> June 30, 2014 (Year) _____
Run-Offs (Report required only if you are in a Run-Off Election)	<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) _____
Special Election	<input type="checkbox"/> 15 days before Special Primary, (Year) _____	<input type="checkbox"/> 15 days before Special, (Year) _____	<input type="checkbox"/> Dec. 31, (Year) _____

5. Signature of Notary Public
 Kamel Green
 Notary Public
 12/13/2015
 My Comm. Expires
 12/13/2015
 State of Georgia
 County of DeKalb
 I, _____, being duly sworn (affirm), depose and say that the information in this report is true and correct. I affirm that the contents in the electronic filing submitted, if applicable, also electronically filed.
 Sworn and subscribed before me on July 1, 2014