

CH

CFC-CCDR 1/14

4/14

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 type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>DEKALB COUNTY SHERIFF</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID <u>C2013000489</u> <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;"></div>
	Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

(1) JEFFREY L. MANN (2) _____
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P.O. BOX 4061 DECATUR GA 30031
Mailing Address City State Zip Code

(4) (404) 775-5920 and/or mann4sheriff@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:
Name of Committee Chairperson Name of Committee Treasurer

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATION
 AND ELECTIONS
 JUN 21 PM 4:31

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) Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (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 checked="" type="checkbox"/> 6 days before Special Primary Run-Off <u>14</u> (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)

*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

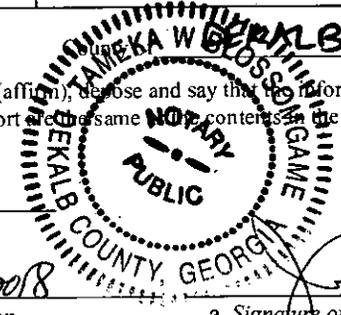
I, JEFFREY L. MANN, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on July 21, 2014

[Signature]
 Signature of Notary Public

May 23, 2018
 Commission Expiration

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



ORIGINAL

CFC-CCDR 1/14

**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.	10,840.00	125,570.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	1,000.00	28,175.00
3a	All loans received this reporting period.		
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
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.		2,765.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	1,000.00	30,940.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	11,840.00	156,510.00

EXPENDITURES MADE

7	<input checked="" type="checkbox"/> I have no expenditures to report. <input 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.		123,013.84
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		28,434.00
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		408.99
11	Total expenditures reported this period. (Line 9 + 10)		28,842.99
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		152,456.83

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)		4053.17
----	--	--	---------

* 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.

~~CONFIDENTIAL~~

CFC-CCDR 1/14

State of Georgia Campaign Contribution Disclosure Report Outstanding Indebtness		
Election Cycle*: <u>SPECIAL</u> Election Year: <u>2014</u>		<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)	<u>0</u>
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)	<u>0</u>
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)	<u>0</u>

* 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



CFC-CCDR 1/14

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 or Business Name AB COMMUNICATION INC Last Name Address 2801 Candler Rd Ste 92 Address2 City Decatur State GA Zip 30034 Aff. Comm.	Date 7/2/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation IT COMPANY Employer	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200.00	Est. Value Description
First Name or Business Name ROBS + PINES LLC Last Name 5555 GLENRIDGE CONN. Address SUITE 435 Address2 City Atlanta State GA Zip 30342 Aff. Comm.	Date 7/2/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation LAW FIRM Employer	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 300.00	Est. Value Description
First Name or Business Name SILVERMAN CONSTRUCTION PROGRAM MGT, INC Last Name Address 1075 Zondite Rd Ste 5 Address2 City Atlanta State GA Zip 30306 Aff. Comm.	Date 7/2/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation CONSTRUCTION COMPANY Employer	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value Description

Itemized Contributions Page Total \$ **1000.00** \$

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
RAYMOND SUDDETH 1949 GOOLSBY RD MONTICELLO GA 31064	7/2/2014	BONDING COMPANY OWNER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1300.00	
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	
JARED SKELTON 3980 INDIAN STONES RD BETHLEHEM GA 30620	7/2/2014	BONDING COMPANY OWNER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1300.00	
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	
JOSEPH RATCHFORD 314 LEMONS RIDGE ATLANTA GA 30339	7/2/2014		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	2500.00	
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	
PGR 1921 WOODS DALE RD ATLANTA GA 30324	7/2/2014		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500.00	
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	

Itemized Contributions Page Total \$ 3350.00

* 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

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
JOHN ROBINSON Address: LAKE VIEW PLACE City: AVONDALE ESTATES State: GA Zip: 30002	7/3/14		250.00	
		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
MALCOLM PROPERTY ASSOCIATES LLC Address: 3445 PEACHTREE RD NE City: ATLANTA State: GA Zip: 30326	6/29/14	CAR DEALERSHIP OWNER	250.00	
		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
DENNIS WILLIAMS Address: 2221 PEACHTREE RD NE City: ATLANTA State: GA Zip: 30309	7/2/14	CEO	250.00	
		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
GREGORY B LEVELL & SONS Address: 4588 MEMORIAL DR City: DECATUR State: GA Zip: 30032	7/1/2014	FUNERAL BUSINESS OWNER	50	\$1000.00
		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
		<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		CAMPAIGN HQ RENT
Itemized Contributions Page Total \$ 750.00				\$ 1000.00

* 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

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value	
ROBERT C PITARD	7/2/2014	BUSINESS OWNER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500.00		
Last Name PITTARD						
Address 2145 SPENCERS WAY						
Address2						
City STONE MOUNTAIN						
State GA						Zip 30087
Aff. Comm.						
Employer TUCKER CONCRETE CO.	Description					
CHARLES	7/2/2014	OWNER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500.00		
Last Name COFER						
Address 2465 LENORA RD						
Address2						
City LOGANVILLE						
State GA						Zip 30052
Aff. Comm.						
Employer Cofco Bros	Description					
JAMES	7/2/2014	MGR.	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	200.00		
Last Name WILSON						
Address 5768 TROTTERS CT						
Address2						
City SMOKE RISE						
State GA						Zip 30087
Aff. Comm.						
Employer TUCKER CONCRETE CO.	Description					
DONALD	7/2/2014	SPT.	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500.00		
Last Name BROWN						
Address P.O. BOX 32						
Address2						
City TUCKER						
State GA						Zip 30085
Aff. Comm.						
Employer DEKALB COUNTY SHERIFFS OFFICE	Description					

Itemized Contributions Page Total \$ 1700.00 \$

* 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

OFC-CCDR 1/14

First Name or Business Name		Date	Occupation	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
MARY MARGARET OLIVER		7/2/2014	LAWYER			125.00
Address: 150 E PONCE DE LEON AVE		<input checked="" type="checkbox"/> Monetary	Employer: SELF EMPLOYED			Description
Address2: SUITE 230		<input type="checkbox"/> In-Kind				
City: DECATUR		<input type="checkbox"/> Common Source				
State: GA Zip: 30030		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
JACQUELINE BLOTT		7/2/2014	RETIRED		150.00	
Address: 2887 ALAMEDA TRAIL		<input checked="" type="checkbox"/> Monetary	Employer:			Description
Address2:		<input type="checkbox"/> In-Kind				
City: DECATUR		<input type="checkbox"/> Common Source				
State: GA Zip: 30034		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
ANNE LEWIS		7/2/2014	LAWYER		300.00	
Address: 4704 W. HAMPTON DR		<input checked="" type="checkbox"/> Monetary	Employer: INFO REQUESTED			Description
Address2:		<input type="checkbox"/> In-Kind				
City: DOLKER		<input type="checkbox"/> Common Source				
State: GA Zip: 30084		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
MOM OF DECATUR		7/9/2014	AUTO MECHANIC SHOP		500.00	
Address: 2868 Lavista Rd		<input checked="" type="checkbox"/> Monetary	Employer:			Description
Address2:		<input type="checkbox"/> In-Kind				
City: Decatur		<input type="checkbox"/> Common Source				
State: GA Zip: 30033		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						

Itemized Contributions Page Total \$ 1075.00 \$

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

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
PANIEL	7/2/2014	LAWYER	<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 checked="" type="checkbox"/> Run-Off Special Primary	500.00	
Last Name JASON					
Address 5050 MEMORIAL DR					
Address2					
City STONE MOUNTAIN					
State GA Zip 30083					
Aff. Comm.					
Employer JASON & BRADLEY	Description				
J TOM	7/11/2014	LAWYER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250.00	
Last Name MORGAN					
Address P.O. BOX 1324					
Address2					
City DECATUR					
State GA Zip 30051					
Aff. Comm.					
Employer SELF EMPLOYED	Description				
ROY	7/7/14	DR.	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	150.00	
Last Name VANDIVER					
Address 722 CLAIREMONT AVE					
Address2					
City DECATUR					
State GA Zip 30030					
Aff. Comm.					
Employer SELF EMPLOYED	Description				
N. DEKALB BREAKFAST	7/11/14		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500.00	
Last Name FORUM					
Address P.O. BOX 941671					
Address2					
City ATLANTA					
State GA Zip 31141					
Aff. Comm.					
Employer	Description				

Itemized Contributions Page Total \$ **1400.00** \$

* 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

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
MARK Last Name: WHITESIDES Address: 95 DURHAM ST SW Address2: City: MARIETTA State: GA Zip: 30064 Aff. Comm.:	7/14/2014	SECURITY SURVEILLANCE COMPANY OWNER	<input type="checkbox"/> Primary <input checked="" 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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000.00	
					Description
DEKALB BONDING Last Name: SPECIALIST Address: 495 MEMORIAL DR Address2: City: DECATUR State: GA Zip: 30032 Aff. Comm.:	7/14/14		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500.00	
					Description
FRIENDS OF LEEMAY Last Name: Address: Address2: City: State: Zip: Aff. Comm.:	UNKNOWN info requested		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" 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	1000.00	
					Description
HOSEA WILLIAMS Last Name: BONDING CO. Address: Kensington Rd Address2: City: Decatur State: GA Zip: 30032 Aff. Comm.:	7/14/14		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1800.00	
					Description

Itemized Contributions Page Total \$ 4300.00 \$

* 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



CFC-CCDR I/14

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
CURTIS Last Name: GRAVES Address: 434 RAMS CT Address2: City: TUCKER State: GA Zip: 30084 Aff. Comm.	7/15/14	CONSULTANT	<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	500.00	
DELTA SET BONDING Last Name: Address: 4712 Memorial Dr. Address2: STE H City: Decatur State: GA Zip: 30032 Aff. Comm.	7/15/2014		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	2000.00	
ROY Last Name: VANDIVER Address: 722 CLAIREMONT AVE Address2: City: DECATUR State: GA Zip: 30030 Aff. Comm.	7/14/14	DR	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	150.00	
MHM SERVICES Last Name: Address: 1593 SPRINGHILL RD Address2: STE 610 City: VIENNA State: GA Zip: 22182 Aff. Comm.	7/14/2014		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1300.00	

Itemized Contributions Page Total \$ **3950.00** \$

* 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

~~CONFIDENTIAL~~

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
FRED AT LAST BAIL BONDS Last Name Address 626 NEWMAN STREET Address2 City CARROLLTON State GA Zip 30117 Aff. Comm.	7/15/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000.00	Description
MARY ANN THOMPSON Last Name Address 5994 WELBORN TRCE Address2 City LITHONIA State GA Zip 30058 Aff. Comm.	7/17/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" 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	1,850.00	Description
GMLE WALLDORFF Last Name Address 2107 E. LAKE RD NE Address2 City ATLANTA State GA Zip 30317 Aff. Comm.	7/10/2014 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	RETIRED Occupation Employer	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250.00	Description
CLYBURN HALLEY Last Name Address 2121 CEDAR BROOK DR Address2 City DECATUR State GA Zip 30033 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	PGAVTY Occupation Employer DEKALB COUNTY RESERVE UNIT	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	100.00	Description

Itemized Contributions Page Total \$ **3200.00** \$ _____

* 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

11-25-14

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
VFCW LOCAL 1996 Last Name ACTIVE BALLOT CWB Address 3302 McGinnis Ferry Rd Address2 City Suwanee State GA Zip 30024 Aff. Comm.	7/17/14		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
TONI Last Name MILLER Address 5612 SUMMER HEADWASS Address2 City STONE MOUNTAIN State GA Zip 30087 Aff. Comm.	7/17/14	DENTIST	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
SUOTT Last Name BONDOR Address 1995 PONCE DELEON Address2 City ATLANTA State GA Zip 30307 Aff. Comm.	7/15/2014	LAWYER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
JAMES J. C. Last Name COLE Address P.O. BOX 11527 Address2 City ATLANTA State GA Zip 30355 Aff. Comm.	7/17/14		<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description

Itemized Contributions Page Total \$ 2500.00 \$

* 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

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
First Name or Business Name: ROBERT Last Name: WILSON Address: 529 HILDALE PR Address2: City: DECATUR State: GA Zip: 30030 Aff. Comm.	7/17/14	LAWYER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer: NILSON, MORTON & DOWNS	Description:
First Name or Business Name: GARY Last Name: FREED Address: 1300 MCLENDON AVENUE Address2: City: ATLANTA State: GA Zip: 30307 Aff. Comm.	7/17/14	LAWYER	<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 checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer: THOMSON HINES	Description:
First Name or Business Name: DEBRA Last Name: DEBERRY Address: P.O. BOX 1303 Address2: City: DECATUR State: GA Zip: 30031 Aff. Comm.	7-18-14	SUP CT CLERK	<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 checked="" type="checkbox"/> Run-Off Special Primary	1300.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer: ELECTED OFFICIAL DEKALB COUNTY	Description:
First Name or Business Name: MURTIS Last Name: MACIL Address: 199 14TH NE Address2: MPT 608 City: ATLANTA State: EM Zip: 30309 Aff. Comm.	7/21/14	ATTORNEY	<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 checked="" type="checkbox"/> Run-Off Special Primary	500.00	
			<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:

Itemized Contributions Page Total \$ **2300.00** \$

* 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

CFC-CCDR 1/14

First Name or Business Name		Date	Occupation		Cash Amt.	Est. Value
KATHRYN		7/18/14	COMMISSIONER	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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 checked="" type="checkbox"/> Run-Off Special Primary	150.00	
Last Name GANNON						
Address 335 W. PONCE DELEON						
Address2						
City DECATUR		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DEKALB COUNTY			Description
State GA						
Zip 30030						
Aff. Comm.						
VINCENT		7/21/14	BUSINESS OWNER	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" 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	2500.00	
Last Name RIGGIO						
Address 1915 AIRPORT RD						
Address2 STE 212						
City ATLANTA		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TRINITY DEVELOPMENT			Description
State GA						
Zip 30341						
Aff. Comm.						
				<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		
Last Name						
Address						
Address2						
City		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
State						
Zip						
Aff. Comm.						
				<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		
Last Name						
Address						
Address2						
City		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
State						
Zip						
Aff. Comm.						

Itemized Contributions Page Total \$ 2650.00 \$

* 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

CFC-CCDR 1/14

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	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
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	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$ 0

* 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



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 LANDMARK COMMUNICATIONS Last Name	Date 7/3/14	Occupation Employer	MAILER	11,229.00
Address 11300 ATLANTIS PLACE Address2 SUITE F City ALPHARETTA State GA Zip 30022	<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 DUNWOODY HOA Last Name	Date 7/1/14	Occupation Employer	JULY 4th PARADE ENTRY FEE	500.00
Address 5527 CHAMBLEE Address2 DUNWOODY RD City DUNWOODY State GA Zip 30338	<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 LANDMARK COMMUNICATIONS Last Name 11300 ATLANTIS PLACE Address SUITE F Address2 City ALPHARETTA State GA Zip 30022	Date 7-11-14	Occupation Employer	MAILER	8,000.00
<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 \$ **19,729.00**

* 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

~~CONFIDENTIAL~~

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name LANDMARK COMMUNICATIONS Last Name 7-17-14 Address 11800 ATLANTIS PLACE SUITE F Address2 City ALPHARETTA State GA Zip 30022	<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	MAILER	8,705.00
First Name Last Name Address Address2 City State Zip	<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	Occupation Employer		
First Name Last Name Address Address2 City State Zip	<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	Occupation Employer		
First Name Last Name Address Address2 City State Zip	<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	Occupation Employer		

* 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 \$ **8,705.00**

~~CONFIDENTIAL~~

CFC-CCDR 1/14

**State of Georgia
Campaign Contribution Disclosure Report
Investments Statement**

1. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ 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					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

2. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ 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					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

<u>Total value of investments at beginning of reporting period \$</u>	Page Total Cash Dividends: \$ _____
<u>Total value of investments at end of reporting period \$</u>	Page Total Interest Paid Out: \$ _____
<u>Total difference in value \$</u>	Page Total Profit: \$ _____
	Page Total Loss: \$ <u>0</u>



CFC-CCDR 1/14

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]