

ORIGINAL

CFC-CCDR 1/14

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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 Amendment # <u>1</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Sheriff Of Dekalb County</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID <u>C2013001604</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: <u>Edgar N. Derricho</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

END

3. Identifying and Contact Information

(1) Romaldo Tony Hughes (2) 05/10/14
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 955 Hearthstone Rd Atlanta Ga 30083
Mailing Address City State Zip Code

(4) (404) 740-8167 and/ or tonyhughesforsheriff@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: Lucas Boggs | Edgar N. Derricho
Name of Committee Chairperson Name of Committee Treasurer

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATION
 AND ELECTIONS
 2014 MAY 10 PM 1:04

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 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 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 checked="" type="checkbox"/> 15 days before Special, <u>2014</u> (year) <input type="checkbox"/> Dec. 31, ____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)	<small>*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)</small>		

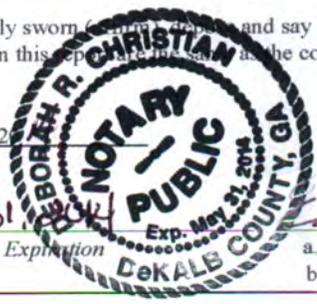
State of _____ County of _____

I, Edgar N. Derricho, being duly sworn, do hereby certify that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report form are the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on May 10, 2014.

Deborah R. Christian May 31
Signature of Notary Public Commission Expiration

Edgar N. Derricho
a. Signature of Candidate
 b. Organization/Chairperson/Treasurer



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**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.		22,941.20
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		4,350.81
3a	All loans received this reporting period.		0.00
3b	Interest earned on campaign account this reporting period.		0.00
3c	Total amount of investments sold this reporting period.		0.00
3d	Total amount of cash dividends and interest paid out this reporting period.		0.00
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.		6,816.69
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		11,167.50
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		34,108.70

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.		6,184.69
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		8,967.85
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		247.46
11	Total expenditures reported this period. (Line 9 + 10)		9,215.31
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		15,400.00

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		0.00
14	Total value of investments held at the end of this reporting period.		0.00

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		18,708.70
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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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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	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City Atlanta					
State Ga	Zip				
Aff. Comm.					
First 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City					
State	Zip				
Aff. Comm.					
First 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City					
State	Zip				
Aff. Comm.					

Itemized Contributions Page Total \$ _____ \$ _____

Public Officer/Candidate/Other Than Candidate Committee Name

Rensaldo Tony Hughes

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First Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Sirrender Protection Service, Inc.	4-22-14	Protection Services	<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 type="checkbox"/> Run-Off Special Primary	250.00	
Last Name Address 2938 Loch Lomond Dr.		Employer Sirrender Protection Service, Inc			Description
Address2 City Conyers State Ga Zip 30094 Aff. Comm.		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Lawrence	4-22-14	Unknown	<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 type="checkbox"/> Run-Off Special Primary	500.00	
Last Name Address 6366 Klondike River Rd		Employer Unknown			Description
Address2 City Lithonia State Ga Zip 30038 Aff. Comm.		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Annette	4-22-14	Unknown	<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 type="checkbox"/> Run-Off Special Primary	200.00	
Last Name Address 5744 Spring Mill Cir		Employer Unknown			Description
Address2 City Lithonia State Ga Zip 30038 Aff. Comm.		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
O'Daniel	4-22-14	Unknown	<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 type="checkbox"/> Run-Off Special Primary	200.00	
Last Name Address 1500 Klondike Rd		Employer Unknown			Description
Address2 City Conyers State Ga Zip 30094 Aff. Comm.		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			

Itemized Contributions Page Total \$ **1,150.00** \$

* 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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First Name		Date	Occupation	<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 type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Corzav's Collision & Glass, Inc		4-22-14	Collision & Glass Service			500.00
Last Name						
Address						
2672 Lithonia Industrial Blvd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	Corzav's Collision & Glass			
Lithonia		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
Ga	30094					
Aff. Comm.						
First Name		Date	Occupation	<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 type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
The Burlin Dental Group, LLC		4-22-14	Dental Services		1,500.00	
Last Name						
Address						
4687 Rockbridge Rd, STE 7						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	The Burlin Dental Group, LLC			
Stone Mtn		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
Ga	30083					
Aff. Comm.						
First Name		Date	Occupation	<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 type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Yvonne		4-22-14	Unknown		200.00	
Last Name						
Hawks						
Address						
3560 Riverchase Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	Unknown			
Decatur		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
Ga	30034					
Aff. Comm.						
First Name		Date	Occupation	<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 type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Marcus		4-21-14	Unknown		1000.81	
Last Name						
Sims						
Address						
5079 Chastleton drive						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	Unknown			
Stone mountain		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30087					
Aff. Comm.						

Itemized Contributions Page Total \$ 3,200.81 \$

* 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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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 MultiLateral Last Name Address Address2 City State Ga Zip	Date 3/28-14 <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 Campaign Consulting Employer		750.00
First Name IPN Multilateral Last Name Address Address2 City State Zip	Date 3-5-12 <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 Campaign Consulting Employer		1500.00
First Name Joseph Thomas Last Name Thomas Address Address2 City State Zip	Date 2-28-14 <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 Media Advertising Employer		1259.44

Page Total \$ **3,509.44**

* 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

Ronaldo Tony Hughes

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name High Tech Signs		Date 4-7-14	Occupation Sign Co		468.12
Last Name					
Address					
Address2					
City					
State	Zip				
First Name IPN MultiLateral		Date 4-14-17	Occupation Campaign Consulting		1330.61
Last Name					
Address					
Address2					
City					
State	Zip				
First Name High Tech Signs		Date 4-14-14	Occupation Sign Co		468.13
Last Name					
Address					
Address2					
City Rome					
State	Zip				
First Name Crossroad News		Date 4-17-14	Occupation Reporting		260.00
Last Name					
Address					
Address2					
City					
State	Zip				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ 2,526.86

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lucas Boggs		Date 4-18-14	Occupation Campaign Manager		1078.89
Last Name					
Address		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name IPN MultiLateral					
Last Name		Date 4-25-17	Occupation Campaign Consulting		750.00
Address					
Address2		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City					
State	Zip				
First Name Lucas Boggs					
Last Name					
Address		Date 4-29-14	Occupation Campaign Manager		1102.66
Address2					
City		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State					
Zip					
First Name Last Name					
Address					
Address2		Date	Occupation		
City					
State		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Zip					
First Name Last Name					
Address					
Address2					

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ 2,931.55

Public Officer/Candidate/Other Than Candidate Committee Name Ronald Tony Hughes Page 8 of 8