

~~ORIGINAL~~

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

<p>1. Report Type (Select One)</p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p>2. Filing is being made on behalf of (Select One):</p> <p>Candidate or Public Official</p> <p>Office Held or Sought: <u>DEKALB COUNTY SHERIFF</u> <small>(Include county, municipality, district, post or judicial circuit)</small></p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "C")</small></p> <p>Organization or Person Other than Candidate's Campaign Committee</p> <p>Committee Name: <u>COMMITTEE TO ELECT TED GOLDEN</u></p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand Delivered Date</p> <p style="text-align: center;">Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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3. Identifying and Contact Information

(1) TED GOLDEN (2) APRIL 11, 2014
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 3023 ROLLING MEADOWS, LITHONIA GA 30038
Mailing Address City Zip Code

(4) 770/710-5822 and/or _____
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
2014 APR 14 AM 9:02

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

State of GEORGIA County of DEKALB

I, LLOYD E. ROMANS, 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 April 14, 2014

[Signature]
Signature of Notary Public

4/11/14
Commission Expiration



[Signature]
Signature of Candidate/Organization/Chairperson/Treasurer

elp

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

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input 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.	0	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		1875
3a	All loans received this reporting period.		25,000
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.		1310
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		28185
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		28185

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.		0
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		17,257.24
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		0
11	Total expenditures reported this period. (Line 9 + 10)		17,257.24
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		17,257.24

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)		10,927.76
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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 Outstanding Indebtness		
Election Cycle* : _____ Election Year: _____		Amount
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: _____		Amount
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: _____		Amount
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)

Lee H. [Signature]

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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
	Date	Occupation			Description
First Name MAE F. Last Name AUSTIN Address 3879 EVANS MILL RD Address 2 City LITHONA 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	Date 3/4/14 Occupation Employer Description	<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	\$125	Est. Value
First Name A W & JANE Last Name DAHLBERG Address 1871 CHATWELL TRACE Address 2 City STONE MOUNTAIN State GA Zip 30087 Aff Comm	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Date 3/14/14 Occupation Employer Description	<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	\$1000.	Est. Value
First Name ABE Last Name CODINS Address 3370 MASSAUL PL Address 2 City DULLES State VA Zip 20189-3370 Aff Comm	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Date 3/16/14 Occupation Employer Description	<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	\$500	Est. Value

Itemized Contributions Page Total \$ **1,625** \$

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308/12/2014

CONTINUATION

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 THEODORE & NICOLE Last Name GOLDEN Address 778 BROOKSIDE PARK LN Address 2 City AVONDALE State GA Zip 30002 Aff. Comm.	Date 3/21/14 <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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		250	Est. Value Description
First Name Last Name Address Address 2 City State Zip Aff. Comm.	Date <input 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Est. Value Description
First Name Last Name Address Address 2 City State Zip Aff. Comm.	Date <input 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Est. Value Description

Itemized Contributions Page Total \$ **250** \$

Lisa L...

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.) TED	1. 3/14/14	First Name COMMITTEE TO ELECT TED	1. GOLDEN RETIREES
Lender Last Name GOLDEN	2.	Last Name	2.
Address 3023 HOLLING MEADOWS	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 checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address 2		Address 2	
City LITHONIA		City	
State GA	Zip 30038	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
Address 2		Address 2	
City		City	
State	Zip	State	Zip
Reference: OCGA § 21-5-34(b)(1)			

Loan Page Total \$ 28,000.00

*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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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	Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Voter Registration & Election Last Name DEKALB COUNTY Address 4380 MEMORIAL DR. STE 300 Address 2 City DECATUR State GA Zip 30032	Date 3/5/14 <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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation CANDIDATE Employer	REGISTRATION	\$ 3,421.21
First Name BEST PRINT DESIGN Last Name Address 4187-B SNAPPINGER WOODS DR Address 2 City DECATUR State GA Zip 30035	Date 3/8/14 <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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation PRINT SHOP Employer	SIGNS	\$ 2,607.78
First Name SAMS CLUB Last Name Address Address 2 City State Zip	Date 3/11/14 <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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation RETAIL STORE Employer	CAMPAIGN COMPUTER	\$ 877.12

Page Total \$6,906.11

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)

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List Name and Mailing Address of Recipient		Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name SIMPLE WEBSITES FAST Last Name		Date 3/13/14	Occupation WEB	INTERNET	149.00
Address Address 2 City State Zip		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
First Name BEST PRINT DESIGN Last Name		Date 3/14/14	Occupation PRINT SHOP	YARD SIGNS	\$ 1457.13
Address 4187-B SNAPPINGER WOODS DR Address 2 City DECATUR State Zip GA 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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
First Name CIS CRANE Last Name		Date 3/14/14	Occupation POLITICAL CONSULTANT	CAMPAIGN	\$ 1,500.00
Address Address 2 City State Zip		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
First Name ERIN Last Name BROWN		Date 3/14/14	Occupation FUNDRAISER / CONSULTANT	CAMPAIGN	\$ 1,000.00
Address Address 2 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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)

Page Total \$ 4,606.13

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List Name and Mailing Address of Recipient		Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid	
First Name JIM		Date 3/14/14	Occupation DATA CONSULTANT	Employer	Campaign CAMPAIGN	\$ 1,720.00
Last Name COONAN						
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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer			
Address 2						
City						
State	Zip					
First Name WILLIAM						
Last Name SELLERS		Date 3/14/14	Occupation POLITICAL CONSULTANT	Employer	Campaign CAMPAIGN	\$ 3,000.00
Address						
Address 2		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer			
City						
State	Zip					
First Name COMMITTEE TO ELECT HANIK						
Last Name JOHNSON						Date 3/16/14
Address						
Address 2		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer			
City						
State	Zip					
First Name DORAVILLE RECREATION CT						
Last Name						Date 3/20/14
Address						
Address 2		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer			
City						
State	Zip					

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)

10/12/14

List Name and Mailing Address of Recipient		Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name ALSOBROOK & ASSOCIATES Last Name		Date 3/30/14	Occupation Firm	PHOTOGRAPHER	\$ 575.00
Address		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<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"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2					
City					
State	Zip				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)

Page Total \$ **575.00**

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**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: \$ _____

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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]

W. J. L...

Georgia Government Transparency & Campaign Finance Commission
DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
FORM DOI

INCOMPLETE FORMS WILL NOT BE PROCESSED - If form is handwritten, it must be legible.

1 Today's Date: _____

2 Candidate (full name): THEODORE R. GOLDEN III
 Address: 3023 Rolling Meadows Court
 City, State, Zip: LITHONIA, GA 30038
 Telephone (optional): 770/710-5822 Email: trgolden59@gmail.com ~~NET~~

3 Select Office Type: State County Municipal
 Name of Office Sought or Held: SHERIFF
 (include district, post, or judicial circuit if applicable)

Party Affiliation (Optional):
 Democrat Non Partisan
 Republican Other

4 Incumbent: JEFFERY MANN Next Election Year: 2014

Complete sections 5 and 6 ONLY if you have a campaign committee.
 This information does not register a campaign committee. (Please use Form RC to register.)

5 Campaign Committee Chairperson (full name): _____
 Address: _____
 City, State, Zip: _____
 Email: _____

6 Treasurer (full name): LLOYD E. ROMANS
 Address: #328 Ivy Run
 City, State, Zip: ELLENWOOD, GA 30294
 Email: ROMANS12002@yahoo.com

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Theodore R. Golden III
 Signature of Candidate

7/15/14
 Date

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATION
 AND ELECTIONS
 2014 APR 14 AM 9:04

Georgia Government Transparency & Campaign Finance Commission
REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE
 Any substantive changes to the registration information of a committee must be updated within 7 business days
FORM RC

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1 Today's Date: _____ Select Form Type: Original Amended

2 Committee (Full Name): COMMITTEE TO ELECT TED GOLDEN
 Address: 3023 Rolling Meadows Court
 City, State, Zip: LITHONIA, GA 30038
 Telephone Number (optional): 770/710-5822 Email: TR.GOLDEN59@Comcast.net

3 Campaign Committee Chairperson (full name): _____
 Address: _____
 City, State, Zip: _____ Email: _____

4 Treasurer (full name): LLOYD E. ROMANS
 Address: 4328 Ivy Run
 City, State, Zip: ELLENWOOD, GA 30294 Email: ROMANUSL200@Yahoo.com

5 Candidate (full name): THEODORE R. GOLDEN III
 Address: 3023 Rolling Meadows Court
 City, State, Zip: LITHONIA, GA 30038 Email: TR.GOLDEN59@Comcast.net

6 Select Office Type: State County Municipal
 Name of Office Sought or Held: SHERIFF
 (include district, post, or judicial circuit if applicable)
 Party Affiliation (optional):
 Democrat Non Partisan
 Republican Other

7 Incumbent: JEFFERY MANN Next Election Year: 2014

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Theodore R. Golden III
 Signature of Person Registering Committee

3/15/14
 Date

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATIONS
 AND ELECTIONS
 2014 APR 14 AM 9:04