

CW Pg 1 of 12

Campaign Contribution Disclosure Final Report and Termination Statement
Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Avenue SE, Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 |

1. Report Type (Select One) <input checked="" 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>C2014000099</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; height: 20px; width: 100%;"></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) Vernon Jones (2) 5-14-15
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P.O. BOX 362272 Decatur GA 30036
Mailing Address City State Zip Code

(4) 404-419-6034 and/or vernonjones4sheriff@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 Vernon Jones | Patricia Moore
Name of Committee Chairperson Name of Committee Treasurer

RECEIVED
 DEKALB COUNTY
 VOTER REGISTRATION
 AND ELECTIONS
 2015 MAY 14 PM 1:18

4. Person Responsible for Maintaining Campaign Records

(1) Patricia Moore
Full Name

(2) P.O. BOX 362272
Mailing Address

(3) Decatur GA 30036
City State Zip Code

(4) 404-419-6034 (5) dekalbsheriff2014@gmail.com
Primary Contact Phone Number Email Address

5. TERMINATION DATE: March 31, 2015

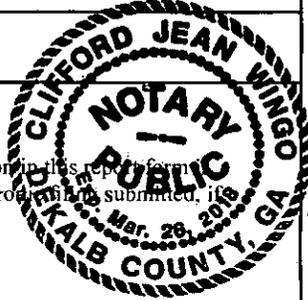
State of Georgia County of DeKalb

I, Patricia Moore, being duly sworn (affirm), depose and say that the information in this report 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 _____, 20____

C. Jean Wingo 3/26/2018 Patricia Moore
Signature of Notary Public Commission Expiration a. Signature of Candidate
b. Organization/Chairperson/Treasurer

(Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Act shall be guilty of a misdemeanor.)



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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.	Ø	181,200. ⁰⁰
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	Ø	1,250. ⁰⁰
3a	All loans received this reporting period.		Ø
3b	Interest earned on campaign account this reporting period.		Ø
3c	Total amount of investments sold this reporting period.		Ø
3d	Total amount of cash dividends and interest paid out this reporting period.		Ø
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.	Ø	125. ⁰⁰
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	Ø	1,375. ⁰⁰
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	Ø	182,575. ⁰⁰

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	Ø	152,443. ⁷⁰
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	Ø	27,920. ¹²
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	Ø	2,093. ⁴⁵
11	Total expenditures reported this period. (Line 9 + 10)	Ø	30,013. ⁵⁷
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	Ø	182,457. ²⁷

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	Ø	\$ 117. ⁷³
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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.

CFC-CCDR-FR&TS 1/14

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: _____ Election Year: <u>2014</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	<u>25,000.00</u>
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	<u>25,000.00</u>
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)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

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

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon JonesPage 3 of 12

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 / Business Name Joe Last Name Marshall Address 2663 Parole Rd Address2 City Lithonia State GA Zip 30058 Aff. Comm.	Date 7-17-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Insurance Agent Employer Self employed	<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	Cash Amt. 300.00	Est. Value Description
First Name / Business Name Joseph Last Name Dicorpo Address 4230 Ridgehurst Address2 City Smyrna State GA Zip 30080 Aff. Comm.	Date 7-17-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Consultant Employer Self employed	<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	Cash Amt. 500.00	Est. Value Description
First Name / Business Name Dudley's Food & Spirits Last Name Address 6691 Millwood Lane Address2 City Lithonia State GA Zip 30038 Aff. Comm.	Date 7-17-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Restaurant 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 checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt. 200.00	Est. Value Description

Itemized Contributions Page Total \$ 1,000.00 \$ 0

CFC-CCDR-FR&TS 1/14

First Name / 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 type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Martha Harpe		7-21-14	Administrative Assistant			250.00
1200 Chris Lake Dr.		<input checked="" type="checkbox"/> Monetary	Employer			Description
City: Lawrenceville		<input type="checkbox"/> In-Kind	Dancing Bear Entertainment			
State: GA Zip: 30046		<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address		<input type="checkbox"/> Monetary	Employer			Description
Address2		<input type="checkbox"/> In-Kind				
City		<input type="checkbox"/> Common Source				
State Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name / 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address		<input type="checkbox"/> Monetary	Employer			Description
Address2		<input type="checkbox"/> In-Kind				
City		<input type="checkbox"/> Common Source				
State Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name / 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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address		<input type="checkbox"/> Monetary	Employer			Description
Address2		<input type="checkbox"/> In-Kind				
City		<input type="checkbox"/> Common Source				
State Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
Itemized Contributions Page Total \$ 250.00 \$ 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

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 Jonathan Last Name Jeffery Address P.O. Box 101 Address2 City Lithonia State GA Zip 30058	Date 7-18-14 <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 Telecommunications Employer DeKalb County Govt.	campaign work	250.⁰⁰
First Name Best Print & Design Last Name Address 4187-B Snopfinger Woods Drive Address2 City Decatur State GA Zip 30035	Date 7-18-14 <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 printing company Employer 	campaign signs	348.⁰⁰
First Name Jeralyn Last Name Carmichael Address 4634 Lionhead Circle Address2 City Lithonia State GA Zip 30038	Date 7-18-14 <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 student Employer 	campaign work	250.⁰⁰

Page Total \$ **848.⁰⁰**

* 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

CFC-CCDR-FR&TS 1/14

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Albert	Date 7-18-14	Occupation Stackworker	Employer DeKalb County Govt.	Campaign Work	175.00
Last Name Mosely					
Address 10391 Larrack Trace	<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				
Address2					
City Jonesboro					
State GA	Zip 30238				
First Name Cynthia	Date 7-18-14	Occupation Retired	Employer	Campaign Office assistance	150.00
Last Name Newton					
Address 2327 Tapanzee Ln.	<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				
Address2					
City Lawrenceville					
State GA	Zip 30044				
First Name Priscilla	Date 7-18-14	Occupation Retired	Employer	Office manager	350.00
Last Name Hayden					
Address 4530 Willow Oak Trail	<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				
Address2					
City Powder Springs					
State GA	Zip 30128				
First Name Lavonce	Date 7-18-14	Occupation Unemployed	Employer	Campaign Work	210.00
Last Name Pagan					
Address 546 Wabash Ave.	<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				
Address2					
City Atlanta					
State GA	Zip 30312				

* 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 \$ **885.00**

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page **8** of **12**

CFC-CCDR-FR&TS 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name: Publix Last Name: Address: 2235 Glenwood Ave Address2: City: Atlanta State: GA Zip:	Date: 7-21-14 <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: Grocery store Employer:	Food for volunteers	177.12
First Name: Jeralyn Last Name: Carmichael Address: 4634 Lionshrod Circle Address2: City: Lithonia State: GA Zip: 30038	Date: 7-21-14 <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: Student Employer:	Campaign work	300.00
First Name: LaVance Pagan Last Name: Pagan Address: 546 Wabash Ave Address2: City: Atlanta State: GA Zip: 30312	Date: 7-22-14 <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: Unemployed Employer:	Campaign work, sign clean up	200.00
First Name: Rosalyn Last Name: Flanagan Address: 6606 Coventry Pt, SW Address2: City: Austell State: GA Zip: 30168	Date: 7-22-14 <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: Retired Employer:	Campaign office assistance	125.00

* 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

Page Total \$ **802.12**

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page **9** of **12**

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CFC-CCDR-FR&TS 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name: Cynthia Last Name: Newton Address: 2327 Tapanzee Ln. Address2: City: Lawrenceville State: GA Zip: 30044	Date: 7-22-14 <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: Retired Employer:	Office assistance	135.00
First Name: Patricia Last Name: Moore Address: 3363 Brookside Ln. Address2: City: Jonesboro State: GA Zip: 30236	Date: 7-22-14 <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: Records Coordinator Employer: DeKalb County Govt.	treasurer services + record keeping	250.00
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:		

* 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 \$ 385.00

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page 10 of 12

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CFC-CCDR-FR&TS 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: \$ _____

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CFC-CCDR-FR&TS 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 box for Addendum Statement content]

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones