

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 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 Commission, District 2</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID <u>C2011002299</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark of Hand Delivery Date JUN -2 PM 12:45 RECEIVED DEKALB COUNTY CAMPAIGN REGISTRATION AND ELECTIONS
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3. Identifying and Contact Information

(1) Jeff Rader (2) 07/01/2014
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 1801 Coventry Rd. Decatur GA 30030
Mailing Address City State Zip Code

(4) (404) 218-8371 and/ or jeffrader@bellsouth.net
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

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

*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)

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

Sworn to and subscribed before me on July 2, 2015

[Signature] July 31, 2015
 Signature of Notary Public Commission Expiration

[Signature]
 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 checked="" 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.		\$25,604
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		0
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		0
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		\$25,604
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.		4,340
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		500
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)		500
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		\$4,840
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)		\$20,762

* 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*: <u>General</u> Election Year: <u>2014</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0
Election Cycle*: <u>N/A</u> 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*: <u>N/A</u> Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

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

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State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
	Date	Occupation			Description	
First Name or Business Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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	Cash Amt.	Est. Value	
Last Name						
Address						
Address2					Description	
City						
State						
Zip						
Aff. Comm.						
First Name or Business Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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	Cash Amt.	Est. Value	
Last Name						
Address						
Address2					Description	
City						
State						
Zip						
Aff. Comm.						
First Name or Business Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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	Cash Amt.	Est. Value	
Last Name						
Address						
Address2					Description	
City						
State						
Zip						
Aff. Comm.						

Itemized Contributions Page Total \$ 0 \$ 0

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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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
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 type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 0	\$ 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

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Loan Reporting

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

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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 Friends of Nancy Jester Last Name Address 2572 Jett Fry Rd Address2 City Atlanta State GA Zip 30338	Date 11/17/2014 <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 Committee Employer	Campaign Contribution	500
First Name Last Name Address Address2 City State Zip	Date 08/15/2014 <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	Campaign Contribution	
First Name Last Name Address Address2 City State Zip	Date 09/18/2014 <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	Legal Counsel	

Page Total \$ 500

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

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date <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		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date <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		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date <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		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date <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		
Last Name					
Address			Employer		
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 \$ 0

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State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name N/A	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 N/A	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> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>	Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ 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]

Message Confirmation Report

JAN-02-2015 12:49 PM FRI

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

Name/Number : 918669147974
 Page : 10
 Start Time : JAN-02-2015 12:47PM FRI
 End Time : JAN-02-2015 12:49PM FRI
 Mode : STD ECM
 Results : ***Send Successful***

Campaign Contribution Disclosure Report
Georgia Government Transparency and Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type <small>(Select One)</small> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment <small>Amendment #</small>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought: <u>DeKalb County Commission, District 2</u> <small>(Include county, municipality, district, post or judicial district)</small> Filer ID: <u>C2011002299</u> <small>(Filer ID will begin with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NO")</small>	Use Identifier of Post Mark of Hand Delivered Date -2 Date
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3. Identifying and Contact Information

(1) Jeff Rader (2) 07/01/2014
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 1801 Coventry Rd. Decatur GA 30030
Mailing Address City State Zip Code

(4) (404) 218-8371 and/or jeffrader@bellsouth.net
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

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, 2014 (year) <input type="checkbox"/> October 25, ____ (year) <input checked="" type="checkbox"/> Dec. 31, 2014 (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)

*Persons leaving office with excess funds used such funds are expended as provided in the Act
 *Unsuccessful candidates with excess funds, so who receive such funds to return such funds are expended, so such excess funds are satisfied (December 31 filing only)

County of Georgia

I, Jeff Rader, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct, and 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 to by Jeff Rader on 12 day of 15

Paul Notary Public Commission Expiration July 31, 2018

Jeff Rader
 a. Signature of Candidate
 b. Organization Chairperson/Treasurer