

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 Office Held or Sought: <u>FLOYD COUNTY COMMISSION 2</u> ^{POST} <small>(Include county, municipality, district, post or judicial circuit)</small></p> <p>Filer ID: <u>C2016000199</u> <small>(Filer ID that begins with the letter "C")</small></p> <p>Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>COMMITTEE TO ELECT WRIGHT BAGBY</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>Rec 6/21/16 @ 8:35am <i>(W)</i></p>
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3. Identifying and Contact Information

(1) WRIGHT WILLIAMS BAGBY, JR (2) 6-20-16
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 317 EAST THIRD AVE ROME GA 30161
Mailing Address City State Zip Code

(4) 706-232-1786 and/ or WBAGBY45@AOL.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: PATRICIA BAGBY | ELIZABETH ANNE SMITH
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)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2016</u> (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>		

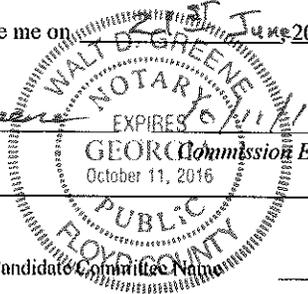
State of GEORGIA

County of FLOYD

I, WRIGHT BAGBY, 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 June 20 16

Walt D Greene
Signature of Notary Public


 GEORGIA Commission Expiration
 October 11, 2016

Wright Bagby
a. Signature of Candidate
b. Organization/Chairperson/Treasurer

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	0	6770.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0	5950.00
3a	All loans received this reporting period.		-
3b	Interest earned on campaign account this reporting period.		-
3c	Total amount of investments sold this reporting period.		-
3d	Total amount of cash dividends and interest paid out this reporting period.		-
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	0	3325.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0	9275.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	0	16,045.00
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.	0	1858.56
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0	8487.14 8362.14
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	44.07
11	Total expenditures reported this period. (Line 9 + 10)	0	8531.21 8406.21
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0	10389.77 10264.77
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)	0	5655.23 5780.23

* 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 1/14

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value	Description
FRANK BARRON 101 E. 2 nd AVE P.O. BOX 1229 SUITE 100 ROME GA 30167		RETIRED	<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	250.00	
AL BARRON P.O. BOX 229 B ROME GA 30162		RETIRED	<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	500.00	
C.B. WRIGHT 7 CREEKSIDE WAY ROME GA 30165		RETIRED	<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	250.00	

Itemized Contributions Page Total \$ 1000.00 \$

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Last Name: JOHN + SYLVIA Address: HINE Address2: 6 FOREST LANE City: ROME State: GA Zip: 30161 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	RETIREED	<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	200.00	
Last Name: PAUL Address: SMITH Address2: SADDLE HORN City: ROME State: GA Zip: 30161 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	RETIREED	<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	150.00	
Last Name: JIM + HELEN Address: KEATON Address2: 11 VIRGINIA CIR City: ROME State: GA Zip: 30161 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	RETIREED	<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	200.00	
Last Name: BOB Address: FINNELL Address2: P.O. BOX 63 City: ROME State: GA Zip: 30162 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	ATTORNEY	<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	250.00	

Itemized Contributions Page Total \$ 800.00 \$

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

WRIGHT BAGBY

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
First Name or Business Name: CHAD + LAUREN Last Name: WHITEFIELD Address: 23 LAURCHAIS DR. Address2: City: ROME State: GA Zip: 30161 Aff. Comm.:	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	MEDICAL REHAB CONSULTING	<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	200.00	
First Name or Business Name: ROCKY Last Name: HUFFMAN Address: 10 OAKMONT DR. Address2: City: ROME State: GA Zip: 30161 Aff. Comm.:	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	REAL ESTATE	<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	250.00	
First Name or Business Name: TOM + TERRI Last Name: WATTERS Address: 22 BELLEMONTE DR. Address2: City: ROME State: GA Zip: 30165 Aff. Comm.:	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	TEXTILES + RETIRED	<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	250.00	
First Name or Business Name: BOB + SUSAN Last Name: HORTMAN Address: 3 RIVER VALLEY CT. Address2: City: ROME State: GA Zip: 30165 Aff. Comm.:	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	DENTIST	<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	150.00	

Itemized Contributions Page Total \$ 850.00

* 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 or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
First Name or Business Name: JIM + LINDA Last Name: SANTORO Address: 904 E. 2 nd AVE Address2: City: ROME State: GA Zip: 30161 Aff. Comm.:		PHYSICIAN	<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	150.00	
First Name or Business Name: ROGER Last Name: WADE Address: 137 E. 1 st ST Address2: City: ROME State: GA Zip: 30161 Aff. Comm.:		RETIRED + REAL ESTATE	<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	250.00	
First Name or Business Name: LEE + JACKY Last Name: WALBURN Address: 418 NEW ROSEDALE RD. Address2: City: ARMUCHEE State: GA Zip: 30105 Aff. Comm.:		RETIRED	<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	200.00	
First Name or Business Name: SUSAN Last Name: ANDERSON Address: 15 HORSELEGER RD. Address2: City: ROME State: GA Zip: 30165 Aff. Comm.:			<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	150.00	

Itemized Contributions Page Total \$ 750.00 \$

* 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 or Business Name	Date	Occupation		Cash Amt.	Est. Value
GEORGE Last Name BOSWORTH Address 214 SHERWOOD RD Address2 City ROME State GA Zip 30165 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	RETIRED Employer	<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	200.00	
STATE MUTUAL INS Last Name Address P.O. BOX 153 Address2 City ROME State GA Zip 30162-0153 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	INSURANCE Employer	<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	1000.00	
KEVIN + MAILEE Last Name PAYNE Address 3041 CALLIER SPRING RD. Address2 City ROME State GA Zip 30161 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	TAX COMMISSIONER + PEDIATRIC REHAB Employer	<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	250.00	
STEVE Last Name STUTTS Address P.O. BOX 5202 Address2 City ROME State GA Zip 30162 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	RETIRED Employer	<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	150.00	

Itemized Contributions Page Total \$ 1600.00 \$

* 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 or Business Name	Date	Occupation		Cash Amt.	Est. Value
TOMMY + ELAINE Last Name: SNOW Address: 57 LAKEVIEW DR Address2: City: LYNDALE State: GA Zip: 30147 Aff. Comm.		RETIREA	<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	200.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
DAN Last Name: HANKS Address: 39 HOUTINGTON RD Address2: City: ROME State: GA Zip: 30165 Aff. Comm.		RETIREA	<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	250.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
WAYNE + PAT Last Name: VICK Address: 1248 HAYWOOD VALLEY RD Address2: City: ARMUCHEE State: GA Zip: 30105 Aff. Comm.			<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	300.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
LARRY Last Name: MAYEY Address: 51 OLD PINEY RD Address2: ARMUCHEE City: State: GA Zip: 30105-2106 Aff. Comm.		REAL ESTATE	<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	200.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description

Itemized Contributions Page Total \$ 950.00

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)
 ** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 *** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name U.S. POSTAL SERVICE		Date 4-8 127.40 4-9 39.20 5-2 3082.26 5-2 37.60	Occupation	POSTAGE	3286.46
Last Name 1420 MARTHA BERRY BLVD					
Address Address2 ROME City ROME State GA Zip 30165		<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		
First Name HI TECH SIGNS				Date 4-25 789.13 4-6 575.13	Occupation
Last Name #					
Address 1018 N. 5 th AVE Address2 ROME City GA ROME State GA Zip 30165		<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		
First Name NANCY				Date 5-2-16	Occupation
Last Name KNIGHT					
Address MARTHA BERRY Address2 BLVD. City ROME State GA Zip 30165		<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		
First Name ROME NEWS TRIBUNE				Date 5-5-16	Occupation
Last Name E. 6 th AVE					
Address Address2 City ROME State GA Zip 30161		<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		

* 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 \$ 5420.48

Public Officer/Candidate/Other Than Candidate Committee Name WRIGHT BAGBY Page 9 of 10

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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 PAT Last Name BAGBY Address 317 E. THIRD AVE Address2 City ROME State GA Zip 30161	Date 5-10-16 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	MISC. REIMBURSE MENTS. SUPPLIES GAS VOTER LIST	419.89
First Name WALLIS PRINTING Last Name Address 6 REDMOND COURT Address2 City ROME State GA Zip 30165	Date 5-6-16 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	PRINTING + LAYOUT OF MAILERS	2244.27
First Name LUKE Last Name CHAFFIN Address E. THIRD AVE Address2 City ROME State GA Zip 30161	Date 5-31-16 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	LAYOUT + WORK ON WEBSITE	277.50

Page Total \$ **2941.66**

* 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-CCDR1/14

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name WICKIE Last Name HANEY Address CAVE SPRING RD Address2 City ROME State GA Zip 30161	Date 6-18-16 <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 CATERING Employer 	FOOD FOR VOLUNTEERS	125.00
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 		

Page Total \$ **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

Public Officer/Candidate/Other Than Candidate Committee Name

WRIGHT BAGBY Page 11 of 11