

### 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

<b>1. Report Type</b> (Select One)  <input checked="" type="checkbox"/> Original  <input type="checkbox"/> Amendment  Amendment # _____	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought <u>Sheriff, Floyd County</u> <small>(Include county, municipality, district, post of judicial circuit)</small>  Filer ID _____ <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand Delivered Date <u>Rec. 6/29/16</u> <u>@ 3:10 pm</u>  <div style="border: 1px solid black; padding: 2px; display: inline-block;"><u>om</u></div>
	<b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: <u>Committee to Reelect Tim Burkhalter, Sheriff</u>  Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

### 3. Identifying and Contact Information

(1) Timothy Lowell Burkhalter (2) 6-27-16  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 518 Avenue A Rome GA 30161  
Mailing Address City State Zip Code

(4) 106-252-1572 and/or floydsheriff@comcast.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: RuthAnn Sargent | Christy Chandler  
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)
<b>Supplemental Reporting</b> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 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)

State of Georgia County of Floyd

I, Timothy Lowell Burkhalter, 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 29, 2016

[Signature] 42418  
 Signature of Notary Public Commission Expiration

a. [Signature]  
 b. [Signature]  
 a. Signature of Candidate  
 b. Organization/Chairperson/Treasurer

X [Signature]

## State of Georgia Campaign Contribution Disclosure Report Summary Report

### CONTRIBUTIONS RECEIVED

		In-Kind Estimated Value	Cash Amount
1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:		
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.		54,967.16
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		6,575.00
3a	All loans received this reporting period.		∅
3b	Interest earned on campaign account this reporting period.		3.87
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.		∅
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		6,578.87
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		61,546.03

### 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.		21,968 <sup>30</sup>
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		38,877.59
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		∅
11	Total expenditures reported this period. (Line 9 + 10)		38,877.59
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		60,845.89

### INVESTMENTS

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

### TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		700.14
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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.



## State of Georgia Campaign Contribution Disclosure Report Outstanding Indebtness

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*: _____ 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



## 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 Daniel + Thelma Last Name Bolt Address 4780 Blacks Bluff Address2 City Rome State GA Zip 30161 Aff. Comm.	Date 3/29/16 <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 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	Cash Amt.	Est. Value 200 <sup>00</sup> Description # 5314
First Name or Business Name Tommy Roberts Trucking Last Name Address 1057 Floyd Springs Rd. Address2 City Annuchee State GA Zip 30105 Aff. Comm.	Date 3-22-16 <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 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	Cash Amt.	Est. Value 500 <sup>00</sup> Description # 4535
First Name or Business Name William + Virginia Last Name Steinhauer Address 310 Boulder Rd. Address2 City Kingston State GA Zip 30145 Aff. Comm.	Date 3/25/16 <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 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	Cash Amt.	Est. Value 100 <sup>00</sup> Description # 1321

Itemized Contributions Page Total \$ 800<sup>00</sup>

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Tillman Aviation Last Name Address 26 Saddle Mtn Rd. Address2 City Rome State GA Zip 30161 Aff. Comm.	3-8-16		<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		100 <sup>00</sup> Description #3374
AW Acquisitions of Rome Last Name Address PO Box 471 Address2 City Rome State GA Zip 30162 Aff. Comm.	3-30-16		<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		2,500 <sup>00</sup> Description #0036
Robert Last Name Harbin Address 1825 Martha Berry Blvd. Address2 City Rome State GA Zip 30165 Aff. Comm.	3-31-16		<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. <sup>00</sup> Description #1110
Tom Last Name Caldwell Address PO Box 5213 Address2 City Rome State GA Zip 30162 Aff. Comm.	4-5-16		<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 <sup>00</sup> Description #9753

Itemized Contributions Page Total \$ 3050<sup>00</sup>

\* 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

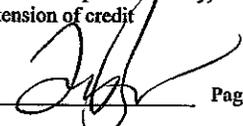
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
First Name or Business Name: <b>Trees Unlimited</b> Last Name: <b>PO BOX 10</b> Address: Address2: City: <b>Cave Spring</b> State: <b>ga</b> Zip: <b>30124</b> Aff. Comm.:	<b>4-8-16</b>		<input checked="" type="checkbox"/> Primary <input 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		<b>500<sup>00</sup></b>
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description: <b>#54639</b>
First Name or Business Name: <b>Roger</b> Last Name: <b>Manis</b> Address: <b>PO BOX 391</b> Address2: City: <b>Rome</b> State: <b>ga</b> Zip: <b>30162</b> Aff. Comm.:	<b>4-15-16</b>		<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		<b>500<sup>00</sup></b>
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description: <b>#1692</b>
First Name or Business Name: <b>Buzz</b> Last Name: <b>Wachsteter</b> Address: <b>PO BOX 1433</b> Address2: City: <b>Rome</b> State: <b>ga</b> Zip: <b>30162</b> Aff. Comm.:	<b>4-15-16</b>		<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		<b>125<sup>00</sup></b>
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description: <b>#8438</b>
First Name or Business Name: <b>Jim/Linda</b> Last Name: <b>Owens</b> Address: <b>11 River Pine Dr</b> Address2: City: <b>Rome</b> State: <b>ga</b> Zip: <b>30165</b> Aff. Comm.:	<b>4-27-16</b>		<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		<b>500<sup>00</sup></b>
			<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description: <b>#2663</b>

Itemized Contributions Page Total \$                      \$ **1625**

\* 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



First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Lanier Firm Last Name Address 508 E 1st St. Address2 City Rome State GA Zip 30161 Aff. Comm.	5-4-16		<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
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description #4425
Kurt - Lisa Last Name Stuenkel Address 35 Huntington Rd Address2 City Rome State GA Zip 30165 Aff. Comm.	5-12-16		<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
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description # 4394
Mills-Cheryl Last Name Fitzner Address 29 Huntington Rd SW Address2 City Rome State GA Zip 30165 Aff. Comm.	6-3-16		<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		\$100.00
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description #
			<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		
	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contributions Page Total \$ 1,100

\* 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



### 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	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State		State	
Zip		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
Address2		Address2	
City		City	
State		State	
Zip		Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ _____	

\* 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 Tim Burkhalter Last Name	Date 3/24-16	Occupation  Employer	Reimburse campaign supplies	510.29
Address 5055 Cedartown Hwy Address2	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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			
City Lindale State GA Zip 30147				
First Name Hi-Tech Last Name	Date 3-24-16	Occupation  Employer	Campaign signs	3,710
Address 1018 N 5th Avenue Address2	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
City Rome State GA Zip 30161				
First Name Floyd County GOP Last Name 337 Broad St	Date 4-8-16	Occupation  Employer	DUES	25 <sup>00</sup> -
Address  Address2 Rome	<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			
City ga State Zip 30161				

Page Total \$ 4,245.29

\* 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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>The Dragon Club</i>	Date <i>4-11-16</i>	<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	<i>Steak Dinner Fundraiser Community event</i>	<i>150<sup>00</sup></i>
Last Name <i>Dragon Dr.</i>			Employer		
Address	Date <i>4-5-16</i>	<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	<i>Campaign mailer Inv.# 19439</i>	<i>1,449.<sup>85</sup></i>
Address2 <i>Linddie</i>			Employer		
City <i>GA</i>					
State			Zip <i>30147</i>		
First Name <i>Fast Printing</i>					
Last Name <i>1409 N Broad St.</i>	Date <i>4-4-16</i>	<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	<i>Inv.# 19427</i>	<i>1,732.<sup>33</sup></i>
Address			Employer		
Address2					
City <i>Rome GA</i>			Zip <i>30161</i>		
State					
First Name <i>Fast Printing</i>	Date <i>4-11-16</i>	<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	<i>Full page Ad Inv.# 5650</i>	<i>1,200</i>
Last Name <i>1409 N Broad St.</i>			Employer		
Address					
Address2 <i>Rome GA</i>			Zip <i>30161</i>		
City					
State					
First Name <i>V3 Publications</i>	Date <i>4-11-16</i>	<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	<i>Full page Ad Inv.# 5650</i>	<i>1,200</i>
Last Name			Employer		
Address <i>1 W 4th Ave</i>					
Address2 <i>#310</i>			Zip <i>30161</i>		
City <i>Rome GA</i>					
State					

\* 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 \$ *4,532.18*

Public Officer/Candidate/Other Than Candidate Committee Name

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name: Rome News Tribune Last Name: 305 E 6th Ave Address: Rome City: GA 30161 State: GA Zip: 30161	Date: 4-18-16 <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: Employer:	Full page Ad + 30 day Web banner	4,955
First Name: Fast Printing Last Name: Address: 1409 N Broad St Address2: City: Rome State: GA Zip: 30161	Date: 4-18-16 <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:	Inv. # 19508	1030. <sup>52</sup>
First Name: WLAQ Last Name: 2 Mt Ath Rd Address: Rome City: GA Zip: 30165	Date: 5-4-16 <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:	Radio Ad	936. <sup>00</sup>
First Name: Rome Radio Partners Last Name: 20 John Davenport Dr. Address: Rome City: GA Zip: 30165	Date: 5-4-16 <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:	Radio Ad	2,560. <sup>00</sup>

\* 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 \$ 9,481.52

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Hometown Headlines	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	ad	558. <sup>00</sup>
Last Name			Employer		
Address 305 E 6th Ave	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	Occupation	Inv.# 1186 1	462. <sup>24</sup>
Address2					
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	Occupation	Ad/Radio	700. <sup>00</sup>
City Rome					
First Name Rome Radio Partners	Date 5-7-16	<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	Ad/Radio	700. <sup>00</sup>
Last Name 20 John Davenport Dr.			Employer		
Address	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	Occupation	Inv.# 6834 Adv. t-shirts	711.55
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	Occupation	Inv.# 6834 Adv. t-shirts	711.55
City Rome					

\* 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 \$ 2431.79

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name US Postmaster	Last Name	Date 5 5 16	Occupation	Drop mailer Postage	2,306. <sup>18</sup>
Address 1420 Martha Berry Blvd					
Address2	City Rome	State GA	Zip 30105	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer
City					
First Name Rome News Tribune	Last Name 305 E 6th Ave	Date 5 11-16	Occupation	Adv/Ad.	2,105. <sup>84</sup>
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
City					
First Name Coosa Valley News	Last Name	Date 4-27-16	Occupation	Inv. # 1017 Ad.	400
Address 570 Ave A					
Address2	City Rome	State GA	Zip 30105	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer
City					
First Name GMC	Last Name	Date 5-11-16	Occupation	Food for event	546. <sup>09</sup>
Address 3402 Alabama Hwy.					
Address2	City Rome	State GA	Zip 30105	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer
City					

\* 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 \$ 5,358.<sup>11</sup>

*JH*

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <b>RFPRA</b>	Last Name	Date <b>5-7-16</b>	Occupation  Employer	Roman Roast Community event	325 <sup>00</sup>
Address <b>1 Shorter Avenue</b>		<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 <b>Rome</b>	State <b>GA</b>   Zip <b>30165</b>			
First Name <b>USPS</b>	Last Name	Date <b>5-11-16</b>	Occupation  Employer	Mailer/ Postage	2306 <sup>25</sup>
Address <b>1420 Martha Berry Blvd</b>		<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			
Address2	City <b>Rome</b>	State <b>GA</b>   Zip <b>30165</b>			
First Name <b>100 Black Men of Rome</b>	Last Name	Date <b>5-3-16</b>	Occupation  Employer	Community Event	400 <sup>00</sup>
Address <b>41 Washington Dr.</b>		<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 <b>Rome</b>	State <b>GA</b>   Zip <b>30161</b>			
First Name <b>SFS Mkty.</b>	Last Name	Date <b>5-31-16</b>	Occupation  Employer	Inv. #1193 Mailer	3270 <sup>00</sup>
Address <b>10 Berckman Lane</b>		<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 <b>Rome</b>	State <b>GA</b>   Zip <b>30165</b>			

\* 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 \$ **6,301.25**

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name: Regions Bank Last Name: Address: PO Box 2527 Address2: City: Mobile State: AL Zip: 36652	Date: 6-2-16 <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:	#3171 Reimburse Candidate for Supplies & media.	918.89
First Name: Albert Bunkhalter Jr. Last Name: Address: 518 Ave A Address2: City: Rome State: GA Zip: 30165	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:	Office Rental	1,500.00
First Name: Elders Ace Hardware Last Name: Address: 1804 Turner McCall Blvd Address2: City: Rome State: GA Zip: 30161	Date: 6-9-16 <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:	campaign sign/ tools	217.26
First Name: Carrie Last Name: Edge Address: 67 Shady Lane Address2: City: Rome State: GA Zip: 30161	Date: 6-6-16 <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:	IT Support	500.00

\* 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 \$ 3,136.15

*[Handwritten Signature]*

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Lindale Ace Hw</i> Last Name Address <i>3116 Maple Rd</i> Address2 City <i>Lindale</i> State <i>GA</i> Zip <i>30147</i>	Date <i>6-9-16</i> <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	Inv. # <i>2488</i> Supplies / Tools	2,267.80
First Name <i>Fast Printing</i> Last Name Address <i>N. Broad</i> Address2 City <i>Rome</i> State <i>GA</i> Zip <i>30165</i>	Date <i>5-3-16</i> <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	Inv # <i>19604</i> Signs	1,123.50
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 \$ 2,267.80

Public Officer/Candidate/Other Than Candidate Committee Name \_\_\_\_\_

*[Signature]*

## State of Georgia Campaign Contribution Disclosure Report Investments Statement

<b>1. Investment Name</b>	<b>Account #</b>
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

<b>2. Investment Name</b>	<b>Account #</b>
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: \$ _____

*[Signature]*

**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.

