

**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](http://www.ethics.ga.gov)

<b>1. Report Type</b> <small>(Select One)</small>  <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>Floyd County Commissioner</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID <u>C2016000438</u> <small>(Filer ID that begins with the letter "C")</small>  <b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: <u>Committee to Elect Allison Watters</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand Delivered Date <u>Rec 7/1/2016</u> <u>@ 11:45am</u> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">  </div>
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**3. Identifying and Contact Information**

(1) Allison Smith Watters (2) 07/01/2016  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P O Box 316 Rome GA 30162  
Mailing Address City State Zip Code

(4) (706) 802-8189 and/ or allisonwatters@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: Edwin Cole Watters | Nancy McRae Knight  
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)  <b>Supplemental Reporting</b> <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 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)

\*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, Allison Smith Watters, 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 July 1, 2016

Vanessa Waddell March 20, 2019 Allison Watters  
Signature of Notary Public Commission Expiration a. Signature of Candidate  
b. Organization/Chairperson/Treasurer

**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	6,050.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		7,200.00
3a	All loans received this reporting period.		1,065.00
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.		<b>3,174.00</b>
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		11,439.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		17,489.00

**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.		2,901.62
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		14,255.66
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)		14,255.66
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		17,157.28

**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)		331.72
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\* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

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**State of Georgia  
Campaign Contribution Disclosure Report  
Outstanding Indebtness**

Election Cycle*: <u>General</u> Election Year: <u>2016</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	1,065.00
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)	1,065.00
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

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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	
					Description	
First Name or Business Name Harry  Last Name Pierce  Address 2 Wilbanks Road  Address2  City Rome  State GA      Zip 30161  Aff. Comm.	Date 04/01/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation CEO  Employer Big Time Products	<input type="checkbox"/> Primary <input checked="" 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. 1000.00	Est. Value   Description	
First Name or Business Name Evans, Inc.  Last Name   Address 3116 Maple Road SE  Address2  City Lindale  State GA      Zip 30147  Aff. Comm.	Date 04/06/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation   Employer		<input type="checkbox"/> Primary <input checked="" 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. 150.00	Est. Value   Description
First Name or Business Name Elaine  Last Name Snow  Address 57 Lakeview Drive  Address2  City Lindale  State GA      Zip 30147  Aff. Comm.	Date 04/15/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Chief of Police  Employer Rome Police Department			<input type="checkbox"/> Primary <input checked="" 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. 300.00

Itemized Contributions Page Total \$ 1450<sup>00</sup> \$

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Angie	04/18/2016	CEO, NWGA Division	<input type="checkbox"/> Primary <input checked="" 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	
Last Name Lewis					
Address 1 St. Andrews Way SW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Synovus			
City Rome	<input type="checkbox"/> In-Kind				
State GA	Zip 30165				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Sue	04/18/2016	Retired	<input type="checkbox"/> Primary <input checked="" 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 Anderson					
Address 15 Horseleg Creek Road NW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Rome	<input type="checkbox"/> In-Kind				
State GA	Zip 30165				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Roger	04/18/2016	Retired	<input type="checkbox"/> Primary <input checked="" 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 Wade					
Address 137 E 1st Street					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Rome	<input type="checkbox"/> In-Kind				
State GA	Zip 30161				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Pam & Russ	04/18/2016	Business Owner	<input type="checkbox"/> Primary <input checked="" 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 Gates					
Address 6 River Valley Court SW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Quick Tune & Lube			
City Rome	<input type="checkbox"/> In-Kind				
State GA	Zip 30165				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 1,000 \$

\* 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 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 James & Lauren  Last Name Whitefield  Address 23 Laurchriss Drive  Address2  City Rome  State GA      Zip 30161  Aff. Comm.	Date 04/18/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physical Therapist  Employer Advanced Rehab	<input type="checkbox"/> Primary <input checked="" 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. 150.00	Est. Value  Description	
First Name or Business Name Mark & Wendy  Last Name Lignell  Address 10 Rivermont Drive  Address2  City Rome  State GA      Zip 30165  Aff. Comm.	Date 04/18/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician  Employer TeamHealth		<input type="checkbox"/> Primary <input checked="" 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. 150.00	Est. Value  Description
First Name or Business Name Renee  Last Name Webb  Address 11 Hillcroft Drive  Address2  City Rome  State GA      Zip 30161  Aff. Comm.	Date 04/18/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Business Owner  Employer Do Good Boutique			<input type="checkbox"/> Primary <input checked="" 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. 1,000.00

Itemized Contributions Page Total \$ 1300<sup>00</sup> \$ \_\_\_\_\_

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Lenora & Jim	04/18/2016	Physician	<input type="checkbox"/> Primary <input checked="" 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	
Last Name Santoro					
Address 904 East 2nd Ave					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Erlanger Hospital			
City Rome	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30161	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					Description
Bob	04/18/2016	Attorney	<input type="checkbox"/> Primary <input checked="" 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	
Last Name Finnell					
Address Post Office Box 63					
Address2	<input checked="" type="checkbox"/> Monetary	Employer The Finnell Firm			
City Rome	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30162	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					Description
Rocky	04/18/2016	Retired Insurance	<input type="checkbox"/> Primary <input checked="" 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	
Last Name Huffman					
Address 10 Oakmont Drive SW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Rome	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30161	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					Description
Paul	04/18/2016	Physician	<input type="checkbox"/> Primary <input checked="" 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 Ferguson					
Address 9 Hillcroft Drive NE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			
City Rome	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30161	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					Description

Itemized Contributions Page Total \$ 950<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

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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
					Description
First Name or Business Name Louis Last Name Huff Address 1752 Blacks Bluff Road Address2 City Rome State GA      Zip 30161 Aff. Comm.	Date 04/15/2016 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer	<input type="checkbox"/> Primary <input checked="" 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. 250.00	Est. Value  Description
First Name or Business Name Bob & Susan Last Name Hortman Address 3 River Valley Court SW Address2 City Rome State GA      Zip 30165 Aff. Comm.	Date 04/18/2016 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Dentist Employer Hortman Carney Dental	<input type="checkbox"/> Primary <input checked="" 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. 150.00	Est. Value  Description
First Name or Business Name State Mutual Insurance Last Name  Address P O Box 153 Address2 City Rome State GA      Zip 30162 Aff. Comm.	Date 04/19/2016 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  Employer	<input type="checkbox"/> Primary <input checked="" 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. 1,000.00	Est. Value  Description

Itemized Contributions Page Total \$ 1400<sup>18</sup> \$ \_\_\_\_\_

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value	
Stephen	04/12/2016	Owner	<input type="checkbox"/> Primary <input checked="" 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 Stults						
Address P O Box 5202						
Address2	<input checked="" type="checkbox"/> Monetary	Employer Stellar Wines of Rome, LLC				Description
City Rome	<input type="checkbox"/> In-Kind					
State GA	Zip 30162	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					
Joe & Tracy	05/08/2016	VP	<input type="checkbox"/> Primary <input checked="" 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	350.00		
Last Name Watters						
Address 1474 Mt. Alto Road SW						
Address2	<input checked="" type="checkbox"/> Monetary	Employer Syntec Industries				Description
City Rome	<input type="checkbox"/> In-Kind					
State GA	Zip 30165	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					
Tushar	05/06/2016	Business Owner	<input type="checkbox"/> Primary <input checked="" 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		
Last Name Patel						
Address 118 Nelson Blvd NW						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City Rome	<input type="checkbox"/> In-Kind					
State GA	Zip 30165	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					
Bob & Bambi	05/14/2016	Attorney	<input type="checkbox"/> Primary <input checked="" 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 Berry						
Address 24 Oakmont Drive SW						
Address2	<input checked="" type="checkbox"/> Monetary	Employer Brinson Askew Berry				Description
City Rome	<input type="checkbox"/> In-Kind					
State GA	Zip 30161	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					

Itemized Contributions Page Total \$ 950<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

CFG-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 John & Terri  Last Name Mayes  Address 315 Howell Street  Address2  City Rome  State GA  Zip 30161  Aff. Comm.	Date 05/16/2016  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Business Owner  Employer  <del>Employer</del>	<input type="checkbox"/> Primary <input checked="" 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. 150.00	Est. Value  Description
First Name or Business Name  Last Name  Address  Address2  City  State  Zip  Aff. Comm.	Date 04/16/2016  <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <del>Business Owner</del>  Employer <del>Hortman-Carney-Dentist</del>	<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  Description
First Name or Business Name  Last Name  Address  Address2  City  State  Zip  Aff. Comm.	Date 04/19/2016  <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value  Description

Itemized Contributions Page Total \$ 150<sup>00</sup> \$ \_\_\_\_\_

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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.) Allison	1. 5/22/2016	First Name Allison	1. Business Owner
Lender Last Name Watters	2. \$1,065.00	Last Name Watters	2. Do Good Boutique
Address 1524 Blacks Bluff Road	3. <input type="checkbox"/> Primary <input checked="" 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 1524 Blacks Bluff Road	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City Rome		City Rome	
State GA      Zip 30161		State GA      Zip 30161	
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      Zip		State      Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total    \$ 1,065.00

\* 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-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 Tractor Supply  Last Name  Address 420 Hwy 411 SE  Address2  City Rome  State GA      Zip 30161	Date 04/01/2016  <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	Fence Posts	125.92
First Name St. Mary's Catholic School  Last Name  Address 401 E 7th Street  Address2  City Rome  State GA      Zip 30161	Date 04/01/2016  <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	Venue Dog / Coosa Valley News Advertising Package	400.00
First Name Hi Tech Signs  Last Name  Address 1018 North Fifth Avenue  Address2  City rome  State GA      Zip 30165	Date 04/01/2016  <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 Signs	1070.00

Page Total \$ 1595<sup>92</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 \_\_\_\_\_

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Hometown Headlines		Date 04/06/2016	Occupation	Online Advertising	1050.00
Last Name					
Address 39 Dover Drive SE		<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		
Address2					
City Rome					
State GA	Zip 30161				
First Name Hi Tech Signs		Date 04/06/2016	Occupation	Campaign Signs	545.70
Last Name					
Address 1018 North Fifth Avenue		<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		
Address2					
City Rome					
State GA	Zip 30165				
First Name Greater Community Bank		Date 04/01/2016	Occupation	Checks	22.90
Last Name					
Address 1490 Martha Berry Blvd		<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	Employer		
Address2					
City Rome					
State GA	Zip 30165				
First Name Rome News Tribune		Date 04/18/2016	Occupation	Sticker Ad for Sunday Paper	675.00
Last Name					
Address 305 East Sixth Avenue		<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		
Address2					
City Rome					
State GA	Zip 30161				

\* 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 \$ 2293.60

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 HI Tech Signs Last Name Address 1018 North Fifth Avenue Address2 City Rome State GA      Zip 30165	Date 05/02/2016 <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 Signs	1,904.60
First Name Fast Printing Last Name Address 1409 North Broad Street Address2 City Rome State GA      Zip 30161	Date 05/02/2016 <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	Push Campaign Cards	610.97
First Name Team 360 Last Name Address P O Box 1761 Address2 City Cedartown State GA      Zip 30125	Date 05/16/2016 <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 TShirts	749.00

Page Total \$ 3,264.57

\* 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 Lamar Advertising	Last Name	Date 05/20/2016	Occupation	Campaign Billboards	5,463.80	
Address 205 Highway 411 East						
Address2	City 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	Employer			
State GA						Zip 30161
Address 10 Berckman Lane SW						
First Name SFS Marketing	Last Name	Date 05/25/2016	Occupation	Radio Spot Design	75.00	
Address 10 Berckman Lane SW						
Address2	City 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	Employer			
State GA						Zip 30165
Address 310 East Third Avenue						
First Name Luke Chaffin	Last Name	Date 06/02/2016	Occupation Graphic Design	Social Media Campaign	297.77	
Address 310 East Third Avenue						
Address2	City Rome	<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	Employer Darlington School			
State GA						Zip 30161
Address 223 Blacks Bluff Road						
First Name 7 Visuals	Last Name	Date 06/22/2016	Occupation	Campaign Print Material Design	200.00	
Address 223 Blacks Bluff Road						
Address2	City 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	Employer			
State GA						Zip 30161

\* 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 \$ 6036.57

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

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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 Rome News Tribune Last Name Address 305 East Sixth Avenue Address2 City Rome State GA      Zip 30161	Date 05/18/2016 <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	Sunday Campaign Sticky	675.
First Name WRGA Last Name Address 20 John Davenport Drive Address2 City Rome State GA      Zip 30165	Date 05/18/2016 <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 Campaign Ads	390.00
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		

Page Total \$ 1065<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