

CFC-CCDR-FR&TS 1/14

Campaign Contribution Disclosure Final Report and Termination Statement Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue SE, Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 |

1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>FLOYD Co. COMMISSION POST 2</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand Delivered Date <u>7/8/16</u> <u>10:12 AM</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SM</div>
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3. Identifying and Contact Information

(1) RANDALL EARL BAKER (2) 7/8/16
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 106 HOOD DR ROME GA 30161
Mailing Address City State Zip Code

(4) 706-766-2112 and/or BAKERD800@ATT.NET
Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign, or file the reports? Yes No

(6) If yes, is the committee registered with the Commission? Yes No

(7) If yes, complete the following _____
Name of Committee Chairperson Name of Committee Treasurer

4. Person Responsible for Maintaining Campaign Records

RANDALL BAKER
(1) Full Name

106 HOOD DR
(2) Mailing Address

ROME GA 30161
(3) City State Zip Code

(4) 706-766-2112 (5) BAKERD800@ATT.NET
Primary Contact Phone Number Email Address

5. TERMINATION DATE: 5/24/16

State of GA County of Floyd

I, _____, 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 8, 2016

Shirley Ann Bence **MY COMMISSION EXPIRES FEBRUARY 29, 2020** Randy Baker
Signature of Notary Public Commission Expires Signature of Candidate Organization/Chairperson/Treasurer

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

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State of Georgia Campaign Contribution Disclosure Report Summary Report

CONTRIBUTIONS RECEIVED

		In-Kind Estimated Value	Cash Amount
1	<input checked="" 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.	X	1175 ⁰⁰
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		1550 ⁰⁰
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		300 ⁰⁰
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		1550 ⁰⁰

EXPENDITURES MADE

7	<input checked="" 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
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		3200 ⁰⁰
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		50 ⁰⁰
11	Total expenditures reported this period. (Line 9 + 10)		3250 ⁰⁰
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		3250

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)		(-525)
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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*: _____ 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.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

Election Cycle*: _____ 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.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

Election Cycle*: _____ 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.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

Public Officer/Candidate/Other Than Candidate Committee Name

Paula Baker

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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 / Business Name: <u>Joe H</u> Last Name: <u>Howell</u> Address: <u>514 Shorter Ave Rome, GA 30165</u> Address2: City: State: <u>GA</u> Zip: <u>30165</u> Aff. Comm.		Date: <u>3/15/16</u> Contribution Type: <u>Check</u>	Occupation: <u>CAR DEALER</u> Employer: <u>JOE HOWELL MOTORS</u>	<u>2016</u> <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: <u>450⁰⁰</u> Description: <u>Check</u>	
First Name / Business Name: <u>Jim Howell</u> Last Name: Address: Address2: City: State: Zip: Aff. Comm.		Date: <u>3/15/16</u> Contribution Type: <u>Check</u>	Occupation: <u>CAR DEALER</u> Employer: <u>JOE HOWELL MOTORS</u>	<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: <u>450⁰⁰</u> Description: <u>Check</u>
First Name / Business Name: <u>Curtis</u> Last Name: <u>Doyle</u> Address: <u>Big Texas Valley Rd</u> Address2: City: <u>Rome</u> State: <u>GA</u> Zip: <u>30165</u> Aff. Comm.		Date: <u>5/10/16</u> Contribution Type: <u>Check</u>	Occupation: <u>Retired</u> 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: <u>400⁰⁰</u> Description: <u>Check</u>

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First Name / Business Name		Date	Occupation	Contribution Type		Cash Amt.	Est. Value
Ridge Point Ventures Last Name		5/1/16	RECORDING STUDIO	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		200 ⁰⁰
Address 5 Ridge Point Dr		<input checked="" type="checkbox"/> Monetary	Employer SELF	<input type="checkbox"/> Special	<input type="checkbox"/> Special Primary		Description
Address2		<input type="checkbox"/> In-Kind		<input type="checkbox"/> Run-Off Primary	<input type="checkbox"/> Run-Off General		
City ROME		<input type="checkbox"/> Common Source		<input type="checkbox"/> Run-Off Special	<input type="checkbox"/> Run-Off Special Primary		
State GA		<input type="checkbox"/> Credit Received on Loan					
Zip 30161							
Aff. Comm.							
First Name / Business Name BARK FOUNDATION Last Name		4/20/16	CONSTRUCTION	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		400 ⁰⁰
Address 754 HAWKINS RD		<input checked="" type="checkbox"/> Monetary	Employer SELF	<input type="checkbox"/> Special	<input type="checkbox"/> Special Primary		Description
Address2		<input type="checkbox"/> In-Kind		<input type="checkbox"/> Run-Off Primary	<input type="checkbox"/> Run-Off General		
City BRANCHBURG		<input type="checkbox"/> Common Source		<input type="checkbox"/> Run-Off Special	<input type="checkbox"/> Run-Off Special Primary		
State GA		<input type="checkbox"/> Credit Received on Loan					
Zip 30105							
Aff. Comm.							
First Name / Business Name NORMAN BAEDEN Last Name		5/16/16		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		200 ⁰⁰
Address		<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Special	<input type="checkbox"/> Special Primary		Description
Address2		<input type="checkbox"/> In-Kind		<input type="checkbox"/> Run-Off Primary	<input type="checkbox"/> Run-Off General		
City ROME GA		<input type="checkbox"/> Common Source		<input type="checkbox"/> Run-Off Special	<input type="checkbox"/> Run-Off Special Primary		CHECK
State GA		<input type="checkbox"/> Credit Received on Loan					
Zip							
Aff. Comm.							
First Name / Business Name		Date	Occupation	<input type="checkbox"/> Primary	<input type="checkbox"/> General		
Last Name				<input type="checkbox"/> Special	<input type="checkbox"/> Special Primary		Description
Address				<input type="checkbox"/> Run-Off Primary	<input type="checkbox"/> Run-Off General		
Address2		<input type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Run-Off Special	<input type="checkbox"/> Run-Off Special Primary		
City		<input type="checkbox"/> In-Kind					
State		<input type="checkbox"/> Common Source					
Zip		<input type="checkbox"/> Credit Received on Loan					
Aff. Comm.							

Itemized Contributions Page Total \$ 0 \$ 2100⁰⁰

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

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Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment
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	
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	
Address2		Address2	
City		City	
State		State	
Zip		Zip	

Loan Page Total \$ 0

Reference: OCGA § 21-5-34(b)(1)

* 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)

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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 Last Name Address Address2 City State Zip	Date 3-28-16 <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 specialties Employer	SIGNS	950 ⁰⁰
First Name Last Name Address Address2 City State Zip	Date 5-5-16 <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 specialties Employer	SIGNS	950 ⁰⁰
First Name Last Name Address Address2 City State Zip	Date 5/18/16 <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 RADIO Employer	Ad	330 ⁰⁰

Page Total \$ 2230

* 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 WLAG	Last Name	Date 5/14/16	Occupation RADIO	Ad	200 ⁰⁰
Address HANK ST					
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					
First Name Rome News Tribune	Last Name	Date 5/15/16	Occupation News Paper	Ad	640 ⁰⁰
Address 305 EAST 6th AVE					
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					
First Name Vista Pent	Last Name	Date 4/10/16	Occupation PRINTERS	CARDS	180 ⁰⁰
Address Internet					
Address2	City	<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		
State					
First Name	Last Name	Date	Occupation		
Address					
Address2	City	<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		
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

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State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions			Value of investment sold	Profit	Loss
Date	Person(s) Involved in Transaction	Value of investment purchased			

2. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions			Value of investment sold	Profit	Loss
Date	Person(s) Involved in Transaction	Value of investment purchased			

Total value of investments at beginning of reporting period \$
Total value of investments at end of reporting period \$
Total difference in value \$

Page Total Cash Dividends: \$ _____
 Page Total Interest Paid Out: \$ _____
 Page Total Profit: \$ _____
 Page Total Loss: \$ _____

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.