

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): <input checked="" type="checkbox"/> Candidate or Public Official Office Held or Sought: <u>Clerk of Superior Court, Floyd County</u> <small>(Include county, municipality, district, post or 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. 10/7/16</u> <u>In mail 4:00pm</u> <u>DM</u>
	<input type="checkbox"/> Organization or Person Other than Candidate's Campaign Committee. Committee Name: <u>Committee to elect Bill Gilliland</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

(1) William P. Gilliland (2) 10-8-16
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 100 Scoggin Road N.W. Rome GA 30165
Mailing Address City State Zip Code

(4) 706-346-4130 and/ or billtherealrepublican@gmail.com
Primary Contact Phone Number E-Mail

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

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

(7) If yes, complete the following William P. Gilliland | David Thornton
Name of Committee Chairperson Name of Committee Treasurer

4. Person Responsible for Maintaining Campaign Records

(1) William P. Gilliland
Full Name

(2) 100 Scoggin Rd. NW
Mailing Address

(3) Rome GA 30165
City State Zip Code

(4) 706-346-4130 (5) billtherealrepublican@gmail.com
Primary Contact Phone Number Email Address

5. TERMINATION DATE: 10-1-16

State of Georgia County of Floyd

I, William P. Gilliland, 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 _____, 20____

Signature of Notary Public

Commission Expiration

William P. Gilliland
 a. Signature of Candidate
 b. 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.)

WPG

CFC-CCDR-FR&TS 1/14

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

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

EXPENDITURES MADE

7	<input checked="" type="checkbox"/> I have no expenditures to report. <input type="checkbox"/> I have the following expenditures to report:		- 0 -
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.		9582.57
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		0
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)		0
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		9582.57

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		- 0 -
14	Total value of investments held at the end of this reporting period.		- 0 -

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	- 0 -	- 0 -
----	--	-------	-------

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

CFC-CCDR-FR&TS 1/14

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>PRIMARY</u> Election Year: <u>2016</u>		Amount
1	Outstanding indebtedness at the beginning of this reporting period.	7000.00
2	Loans received this reporting period.	- 0 -
3	Deferred payment of expenses this reporting period	- 0 -
4	Payments made on loans this reporting period.	2142.43
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)	4857.00

Election Cycle*: _____ Election Year: _____		Amount
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: _____		Amount
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

CFC-CCDR-FR&TS 1/14

First Name / Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
Description						
First Name / Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
Description						
First Name / Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
Description						
First Name / Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
Description						

Itemized Contributions Page Total \$ 0 - \$ 0 -

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

b/p/ly

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	Date	Occupation		
Last Name				
Address	<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				
State		Zip		
First Name	Date	Occupation		
Last Name				
Address	<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				
State		Zip		
First Name	Date	Occupation		
Last Name				
Address	<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				
State		Zip		

Page Total \$ 0

* 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

WPK

CFC-CCDR-FR&TS 1/14

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

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ 0

Public Officer/Candidate/Other Than Candidate Committee Name *[Signature]* Page ___ of ___

State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name <i>None</i>	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

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

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

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

<u>Total value of investments at beginning of reporting period \$</u>	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: \$ <u>0</u> _____

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.

