

## State of Georgia Campaign Contribution Disclosure Report

<p>1. Report Type (Select One)</p> <p><input checked="" type="checkbox"/> Original Report</p> <p><input type="checkbox"/> Amended Report</p> <p>Amendment # _____</p>	<p>2. Filing is being made on behalf of (Select One):</p> <p>Candidate or Public Official Office Sought or Held: <u>Barbara H Penson</u> <i>(Include county, municipality, district, post or judicial circuit)</i></p> <p>Committee Name: <u>Comm to Re-Elect Barbara H Penson</u></p> <p>Report of Organization or Person Other than Candidate's Campaign Committee</p>	<p>Filing office use only</p> <p><u>Rec. 10/5/16</u></p> <p><u>10:00</u> AM</p> <p>Use Earlier of Post Mark or Hand Delivered Date</p>
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3. Identifying and Contact Information

(1) Barbara H Penson (2) 10/05/16  
*Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date*

(3) 424 Wilkerson Road S W, Rome, GA 30165-8593  
*Mailing Address City State Zip Code*

(4) 770-877-0869 and / or 706-314-1860  
*Contact Phone Number (We will understand the release of this information as permission to call your office if necessary)*

(5) If a Candidate or Public Official, is there a campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports?  Yes  No 6) If so, is the committee registered with the State Ethics Commission?  Yes  No

(7) If so, complete the following: Barbara H Penson  
*Name of Chairperson and / or Treasurer of Committee*

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 Elections <small>(Report required only if you are in a Special Election)</small>
<input type="checkbox"/> June 30, _____ (year)	<input type="checkbox"/> March 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off, _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year)
<input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> June 30, _____ (year)	<input type="checkbox"/> 6 days before General Run-Off, _____ (year)	<input type="checkbox"/> 15 days before Special, _____ (year)
<small>*Persons elected to office in each year following the year in which the election occurs *Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input checked="" type="checkbox"/> September 30, <u>16</u> (year)	<input type="checkbox"/> 6 days before Special Primary Run-Off, _____ (year)	<input type="checkbox"/> Dec. 31, _____ (year)
	<input type="checkbox"/> October 25, _____ (year)	<input type="checkbox"/> 6 days before Special Run-Off, _____ (year)	
	<input type="checkbox"/> December 31, _____ (year)		

Verification by Oath or Affirmation

State of Georgia 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 7<sup>th</sup> 2016 October

Tom R. Williams Signature of Notary Public

Barbara H. Penson a. Signature of Candidate  
b. Organization/Chairperson/Treasurer

My Commission expires 1/25/2020

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.

CFC-CCDR 1/14

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Summary Report**

**CONTRIBUTIONS RECEIVED**

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	.00	\$1,783.56
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	.00	\$1,200.00
3a	All loans received this reporting period.	.00	.00
3b	Interest earned on campaign account this reporting period.	.00	.00
3c	Total amount of investments sold this reporting period.	.00	.00
3d	Total amount of cash dividends and interest paid out this reporting period.	.00	.00
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.	.00	.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	.00	\$2,050.13
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	.00	\$2,633.69

**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.	.00	\$9,181.12
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	.00	600.00
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	.00	.00
11	Total expenditures reported this period. (Line 9 + 10)	.00	600.00
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	.00	.00

**INVESTMENTS**

13	Total value of investments held at the beginning of this reporting period.	.00	.00
14	Total value of investments held at the end of this reporting period.	.00	.00

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	.00	\$2,633.69
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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.	.00
2	Loans received this reporting period.	.00
3	Deferred payment of expenses this reporting period	.00
4	Payments made on loans this reporting period.	.00
5	Credits received on loans this reporting period	.00
6	Payments this reporting period on previously deferred expenses.	.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	.00
Election Cycle*: <u>General</u> Election Year: <u>2016</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	.00
2	Loans received this reporting period.	.00
3	Deferred payment of expenses this reporting period	.00
4	Payments made on loans this reporting period.	.00
5	Credits received on loans this reporting period	.00
6	Payments this reporting period on previously deferred expenses.	.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	.00
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	.00
2	Loans received this reporting period.	.00
3	Deferred payment of expenses this reporting period	.00
4	Payments made on loans this reporting period.	.00
5	Credits received on loans this reporting period	.00
6	Payments this reporting period on previously deferred expenses.	.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	.00

\* 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	Occupation & Employer			Estimated Value	
	Contribution Type*				Description	
First Name or Business Name Floyd County GOP  Last Name  Address 417 Broad Street  Address2  City Rome  State GA      Zip 30161  Aff. Comm.	Date 08/24/2016	Occupation Political Party	<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 \$1,000.00 Monetary	
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer N/A	Description
First Name or Business Name Ted Corwin  Last Name  First Avenue  Address  Address2  City Rome  State GA      Zip 30161  Aff. Comm.	Date 08/26/2016	Occupation 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	Cash Amt. \$100.00	Est. Value \$100.00 Monetary	
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer Self employed	Description
First Name or Business Name Arnold Perry  Last Name  Address  Address2  City  State Zip 	Date 07/22/2016	Occupation 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	Cash Amt. \$100.00	Est. Value \$100.00 Monetary	
		<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 \$ 1,200.00 \$ \_\_\_\_\_

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First Name or 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.						
First Name or Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						

Itemized Contributions 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

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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.)	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	<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	
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	<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 \$ _____ .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-CCDRI/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 Rome Band Boosters  Last Name  Address  Address2  City Rome  State GA      Zip 30161	Date 09/15/2016  <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 Ecuacion  Employer	Marching Band Ads	185.00
First Name Cave Spring DDA  Last Name  Address  Address2  City Cave Spring  State GA      Zip 30124	Date 09/14/2016  <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 City Government  Employer		25.00
First Name WLAQ Radio  Last Name  Address  Address2  City Rome  State GA      Zip 30165	Date 09/14/2016  <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 Radio  Employer	Political Ads	300.00

Page Total \$ 510.00

\* 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

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Pepperell High School		Date 09/22/2016	Occupation Athletics	Political Ad	90.00
Last Name					
Address			Employer		
Address2					
City Lindale					
State GA	Zip 30147				
First Name Rome Shrine Club		Date 08/22/2016	Occupation Shriners' Club		300.00
Last Name					
Address			Employer		
Address2					
City Rome					
State GA	Zip 30161				
First Name		Date	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				

\* 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 \$ 390.00

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## State of Georgia Campaign Contribution Disclosure Report Investments Statement

<b>1. Investment Name</b>	Account #
Institution/Person Holding Account _____ Mailing Address <u>424 Wilkerson Road S W</u> _____ 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>	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$ .00
	Value at end of reporting period \$ .00
	Difference in value \$ .00
	Interest Paid Out \$ .00
	Cash Dividends \$ .00

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: \$ _____ .00

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**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.