

ORIGINAL

State of Georgia Campaign Contribution Disclosure Report



1. Check One:
[X] Original Report
OR
[] Amendment
(Please Indicate Reporting Period and Year of Original)

2. Filing is being made on behalf of:
[X] Candidate or Public Official
(Office sought or held):
Gwinnett County Board of Education - District III
[Include county, municipality, district, post or judicial circuit (i.e., House District 113)]
OR
[] Report of Organization or Person Other than Candidate's Campaign Committee

Use Earlier of Post Mark or Hand Delivered Date

3. Identifying and Contact Information

(1) Mary Kay Murphy
Full Name of Candidate or Non-Candidate Campaign Committee (PAC, Corporation, etc.)
(2) 06-30-06
Today's Date
(3) 4516 Ridgeway Drive | Duluth | Gwinnett | Ga | 30097
Mailing Address | City | County | State | Zip Code
(4) (770-) and / or ()
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 Officer, is there campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports? Y or N [Y] (6) If so, is the Committee registered with the Secretary of State? Y or N [Y]
(7) If so, complete the following: Robert L. Chapin, Treasurer
Name of Chairperson and / or Treasurer of said committee

4. Period for which you are Reporting
You Must Check Only One box

Table with 4 columns: My Non Election Year, My Election Year, Run-Offs, and Special Elections. Includes checkboxes for various reporting periods and dates.

Verification by Oath or Affirmation

State of Georgia County of Gwinnett
I, Robert L. Chapin, 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 10, 2006
Ann K. Jones

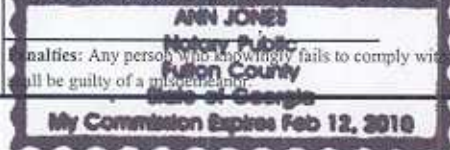
Notary Public

a. Signature of Candidate

Signature of Robert L. Chapin

or b. Organization/Chairperson, Treasurer

My commission expires



Penalties: Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the ethics in Government Act shall be guilty of a misdemeanor.

Do Not Forget to Notarize!!!

State of Georgia - Campaign Contribution Disclosure Report
 Listed Contributions Received of \$101.00 or More

(1) Name _____

Original

Amendment

(2) NAME	(3) Contributor		(4) Contribution Accepted for Which Election	(5) Cash Amount	(6) In-Kind Contributions Estimated Value	Description
	Date Contribution Received	Occupation				
Last	First	Address				
Amounts will automatically total and transfer to the Summary Report						
				\$0.00	\$0.00	TOTALS

ORIGINAL



State of Georgia - Campaign Contribution Disclosure Report
 Listed Expenditures Made of \$101.00 or More

(1) Name _____

Original

Amendment

(2) Name and Mailing Address of Recipient		(3) Date of expenditure	(4) Occupation or Place of Employment	(5) Expenditure Purpose	(6) Amount
Last	First				
Amounts will automatically total and transfer to the Summary Report					
TOTALS					\$0.00

ORIGINAL