

ORIGINAL

State of Georgia
Campaign Contribution Disclosure Report

1. Report Type (Select One) <input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Amended Report Amendment # _____	2. Filing is being made on behalf of (Select One): <input checked="" type="checkbox"/> Candidate or Public Official Office Sought or Held: <u>DISTRICT 4 GWINNETT COUNTY COMMISSIONER</u> (Include county, municipality, district, post or judicial circuit) Committee Name: <u>FRIENDS OF TIM SULLIVAN</u> <input type="checkbox"/> Report of Organization or Person Other than Candidate's Campaign Committee	Filing office use only Use Earlier of Post Mark or Hand Delivered Date
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3. Identifying and Contact Information

(1) TIM SULLIVAN (2) 4-1-10
Full Name of Candidate or Non-Candidate Campaign Committee Today's Date

(3) 3477 SAMANTHA DR BUFORD GA 30519
Mailing Address City State Zip Code

(4) 770 945-3315 and / or 678 525-2583
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: _____
Name of Chairperson and / or Treasurer of Committee

2010 APR - 2 A 10:30

4. Period for which you are Reporting

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 checked="" type="checkbox"/> March 31, <u>2010</u> (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 type="checkbox"/> September 30, ____ (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 GA County of GWINNETT

I, TIM SULLIVAN, 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 4-2, 2010

Barbara Dawson
 Signature of Notary Public
 My Commission expires 7-2-12

Tim Sullivan
 a. Signature of Candidate
 b. Organization/Chairperson/Treasurer

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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.

State of Georgia Campaign Contribution Disclosure Report Summary Report

CONTRIBUTIONS RECEIVED

		<u>In-Kind Estimated Value</u>	<u>Cash Amount</u>
1	<input 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 Reporting Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous reporting cycle in the cash amount column (Line 13 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 Reporting Cycle , list totals from Line 6 of previous report in both the in-kind and cash amount columns.	Ø	Ø
3	Total amount of all itemized contributions received in this reporting period which are listed on the "Itemized Contributions" page.	133.41	2800
3a	All loans received this reporting period.		Ø
3b	Interest earned on campaign account this reporting period.		Ø
3c	Total amount of investments sold this reporting period.		Ø
3d	Total amount of cash dividends and interest paid out this reporting period.		Ø
4	Total amount of all separate contributions of less than \$101.00 received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		250
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	133.41	3050
6	Total contributions to date. Total to be carried forward to next report of this reporting cycle*. (Line 2 + 5)	133.41	3050

EXPENDITURES MADE

		<u>In-Kind Estimated Value</u>	<u>Cash Amount</u>
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 Reporting Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	Ø	Ø
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		228.31
10	Total amount of all separate expenditures of less than \$101.00 that were made in this reporting period and not listed on the "Itemized Expenditures" page.		115.94
11	Total expenditures reported this period. (Line 9 + 10)		344.25
12	Total expenditures to date. Total to be carried forward to next report of this reporting cycle*. (Line 8 + 11)		344.25

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		X
14	Total value of investments held at the end of this reporting period.		
15	Net balance on hand. (Line 6 - 12 + 14)		

* O.C.G.A. 21-5-34(b)(1)(D)(ii) A reporting cycle shall commence on January 1 of the year in which an election is to be held for the public office to which a candidate seeks election and shall conclude:

- (I) At the expiration of the term of office if such candidate is elected and does not seek reelection or election to some other office;
- (II) On December 31 of the year in which such election was held if such candidate is unsuccessful; or
- (III) If such candidate is successful and seeks reelection or seeks election to some other office the current reporting cycle shall end when the reporting cycle for reelection or for some other office begins.

Public Officer/Candidate/Non-Candidate Committee Name TIM SULLIVAN

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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 is \$101.00 or more
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
FRIENDS OF MIKE BODREN 1156 TRIBUTARY WAY DARULA, GA	3-30-10 MONETARY	SALES RICARDI	PRIMARY	1,000	
WALTER STEWART DDS 993-D JOHNSONS FERRY RD SUITE 490 ATLGA	3-30-10 MONETARY	DENTIST SELF EMP	PRIMARY	1,000	
GENECALLOWAY 1733 MONTREAL CT TUCKER GA 30084	3-31-10 MONETARY	PRESIDENT SOUTHEASTERN FINDINGS	PRIMARY	300	
PRIME PARC STEAK 3480 FINANCIAL CENTER WAY S-1080 BUFORD GA 30519	3-30-10 IN-KIND	TIM LEE GEN MYR	PRIMARY	0	133.41 FOOD
Itemized Contributions Page Total					\$23.00 \$133.41

Loan Reporting

Name of Lender Mailing Address	Date of Loan Amount of Loan Election Cycle**	Person(s) responsible for repayment of loan Mailing Address	Occupation & Place of Employment Fiduciary Relationship***
		1.	N/A
		2.	
		1.	
		2.	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ 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

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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 is \$101.00 or more
 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
BUENO + FINNICK DBA RE/MAX CENTER 2855 LAWRENCEVILLE - SUWANEE RD SUITE 610 SUWANEE GA 30059	4-1-10	OWNER BROKER	PRIMARY	500		
	MONETARY					
Itemized Contributions Page Total \$ <u>500</u> \$ <u>0</u>						

Loan Reporting			
Name of Lender Mailing Address	Date of Loan Amount of Loan Election Cycle**	Person(s) responsible for repayment of loan Mailing Address	Occupation & Place of Employment Fiduciary Relationship***
		1.	
		2.	
		1.	
		2.	
Reference: OCGA § 21-5-34(b)(1) Loan 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
 Public Officer/Candidate/Non-Candidate Committee Name TIM SULLIVAN Page 2 of 2

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**State of Georgia
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Itemized Expenditures**

Must list expenditures made to a single recipient for which the aggregate total is \$101.00 or more

List Name and Mailing Address of Recipient	Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
STAPLES 3205 WOODWARD CROSSING BLVD BUFORD GA 30519	3-23-10 EXPENDITURE		INVITATIONS	\$ 156.31
USPS BUFORD GA 30518	3-23-10 EXPENDITURE		STAMPS	\$ 132.00
				\$
				\$
				\$
				\$
				\$
				\$

Page Total \$ 228.31

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment, Payment on Deferred Expense, Investment)

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**State of Georgia
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Investments Statement**

1. Investment Name	Account Number
Institution/Person Holding Account _____ <i>N/A</i> Mailing Address _____ _____ 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 Number
Institution/Person Holding Account _____ Mailing Address _____ _____ 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> \$ _____ <u>Total value of investments at end of reporting period</u> \$ _____ <u>Total difference in value</u> \$ _____	Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____
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Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.

N/A