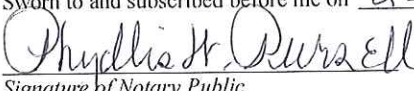
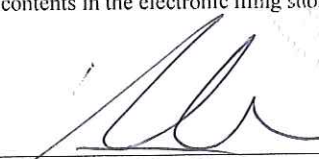


CCDR Main

Campaign Contribution Disclosure Report Georgia Government Transparency and Campaign Finance Commission 200 Piedmont Avenue S.E. Suite 1402 West Tower Atlanta, GA 30334 404-463-1980 www.ethics.ga.gov			
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>Gwinnett Co. BoE District 4</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID <u>C2011000872</u> <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 <div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;"> RECEIVED </div> <div style="color: red; font-weight: bold; font-size: 1.2em;"> JUN 27 2014 </div> <div style="color: blue; font-weight: bold; font-size: 0.8em;"> Qualifying Office GWINNETT COUNTY ELECTIONS OFFICE </div>
3. Identifying and Contact Information (1) <u>Robert McClure</u> (2) <u>6/30/14</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date</small> (3) <u>1446 Oleander Dr., Lilburn, GA 30047</u> <small>Mailing Address City Zip Code</small> (4) <u>770-972-0477</u> and/or <u>mcclure4boe@gmail.com</u> <small>Primary Contact Phone Number E-Mail</small> (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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) If yes, is the committee registered with the Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (7) If yes, complete the following: _____ <small>Name of Committee Chairperson Name of Committee Treasurer</small>			
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 Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input checked="" type="checkbox"/> January 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>14</u> (year) <input checked="" type="checkbox"/> <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (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>			
State of <u>Georgia</u> County of <u>Gwinnett</u> I, <u>Robert McClure</u> , 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 <u>25th June, 2014</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  Signature of Notary Public </div> <div style="width: 30%;"> <u>July 13, 2014</u> Commission/Expiration </div> <div style="width: 30%;">  a. Signature of Candidate b. Organization/Chairperson/Treasurer </div> </div>			
<small>(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.)</small>			

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

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JUN 27 2014

GWINNETT COUNTY

ELECTIONS OFFICE

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.		30564 ³⁴
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		500
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		103
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)		501 ⁰³
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		31,065 ³²
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.		495 ⁷²
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		250
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		16 ⁸⁵
11	Total expenditures reported this period. (Line 9 + 10)		266 ⁹⁵
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		762 ⁸⁷
INVESTMENTS			
13	Total value of investments held at the beginning of this reporting period.		0 ⁰⁰
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)		30302 ⁷⁰

* 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.

Public Officer/Candidate/Other Than Candidate Committee Name

Robert McLine

Page 2 of 10

CFC-CCDR 1/14

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GWINNETT COUNTY

ELECTIONS OFFICE

State of Georgia Campaign Contribution Disclosure Report Outstanding Indebtness		
Election Cycle*: <u>General</u> Election Year: <u>2014</u>		Amount
1	Outstanding indebtedness at the beginning of this reporting period.	30,000
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)	30,000
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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert McAnan

Page 3 of 10

CFC-CCDR 1/14

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 or Business Name <i>Don Howell</i>	Date <i>6/26/14</i>	Occupation <i>Retired</i>	<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. <i>500⁰⁰</i>	Est. Value
Last Name <i>Howell</i>					
Address <i>1479 Parkview Blvd Stone Mt., GA 30087</i>					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City					
State	Zip				
Aff. Comm.					
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					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City					
State	Zip				
Aff. Comm.					
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					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City					
State	Zip				
Aff. Comm.					

Itemized Contributions Page Total \$

500⁰⁰

\$

Public Officer/Candidate/Other Than Candidate Committee Name

Page *4* of *10*

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JUN 27 2014

GWINNETT COUNTY
ELECTIONS OFFICE

CFC-CCDR 1/14

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

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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert McAlister

Page 5 of 60

JUN 27 2014

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	3. <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 checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <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 \$ _____				

* 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/Other Than Candidate Committee Name

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Page 6 of 10

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GWINNETT COUNTY
ELECTIONS OFFICE

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 <i>Gwinnett Co. Board</i> Last Name <i>of Commissioners</i> Address Address2 City State Zip	Date <i>4/26/14</i> <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 checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Reporting Penalty</i>	<i>250</i>
First Name Last Name Address Address2 City State Zip	<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	Occupation Employer		
First Name Last Name Address Address2 City State Zip	<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	Occupation Employer		

Page Total \$ *250*

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

*Robert McNamee*Page *7* of *10*

JUN 27 2014

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GWINNETT COUNTY
ELECTIONS OFFICE

CFC-CCDR 1/14

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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert M. Clark

Page 8 of 10

CFC-CCDR 1/14

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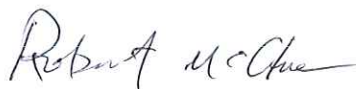
JUN 27 2014

WINNETT COUNTY
ELECTIONS OFFICE

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					
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> <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: \$ _____	

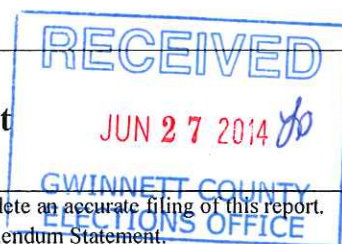
Public Officer/Candidate/Other Than Candidate Committee Name



Page 9 of 10

CFC-CCDR 1/14

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.

A large, diagonal line is drawn across the main body of the page, from the bottom left towards the top right, indicating that no additional information is provided in this addendum.

Public Officer/Candidate/Other Than Candidate Committee Name

Rob A. N. Duke

Page 10 of 10