

### 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

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<b>1. Report Type</b> (Select One)  <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>1</u> <u>10-24-14</u>	<b>2. Filing is being made on behalf of (Select One):</b> Candidate or Public Official Office Held or Sought <u>DISTRICT of Gwinnett Co Commissioner</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID <u>C2009008216</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>John Heard for Commissioner</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>		2014 OCT 24 Use Earlier of Post, Mark or Hand Delivered Date GWINNETT COUNTY PUBLIC OFFICE
	_____ <small>(Filer ID that begins with the letter "C")</small>		_____ <small>(Filer ID that begins with the letter "NC")</small>

**3. Identifying and Contact Information**

(1) JOHN WILSON HEARD (2) 7-4-14  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 1430 Eugenia Terrace Lawrenceville Ga 30046  
Mailing Address City State Zip Code

(4) 770 963 4366 and/or John.Heard@GwinnettCounty.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: \_\_\_\_\_  
Name of Committee Chairperson Name of Committee Treasurer

**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 type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2014</u> (year) <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)
<b>Supplemental Reporting</b> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)			

\*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)

State of GA County of Gwinnett

JOHN HEARD, 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 October 24, 2014

Kristi L. Rojston  
 Signature of Notary Public

John Heard  
 Signature of Candidate

**NOTARY PUBLIC**  
 Kristi L. Rojston  
 My Commission Expires December 3, 2017  
 Gwinnett County, GA

## State of Georgia Campaign Contribution Disclosure Report Summary Report

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### CONTRIBUTIONS RECEIVED

2014 OCT 24 5:01

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.	WILKINSON COUNTY PUBLIC OFFICE	3577 <sup>48</sup>
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		16500 <sup>3</sup>
3a	All loans received this reporting period.		—
3b	Interest earned on campaign account this reporting period.		—
3c	Total amount of investments sold this reporting period.		—
3d	Total amount of cash dividends and interest paid out this reporting period.		—
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.		715 <sup>00</sup>
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		17265 <sup>00</sup>
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		63042 <sup>48</sup>

### 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.		7990 <sup>31</sup>
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		40984 <sup>45</sup>
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		—
11	Total expenditures reported this period. (Line 9 + 10)		40984 <sup>45</sup>
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		48974 <sup>76</sup>

### INVESTMENTS

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

### TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		4067 <sup>92</sup>
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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.

*J. H. [Signature]*

**State of Georgia  
Campaign Contribution Disclosure Report  
Outstanding Indebtness**

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Election Cycle*: <u>Primary</u>		Election Year: <u>2014</u>	<u>Amount</u>
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: _____	<u>Amount</u>
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: _____	<u>Amount</u>
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

*John Hand*

CFC-CCDR 1/14

## State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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OCT 24 P 5:01

Must list contributions received by a single contributor for which the aggregate total in  
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 <b>SR Homes</b> Last Name  Address <b>1424 N Brown Rd</b> Address 2 <b>Suite 100</b> City <b>Lawrenceville</b> State <b>GA</b> Zip <b>30043</b> Aff. Comm.	Date <b>4/4/14</b> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <b>Builder</b> Employer 	<input checked="" 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	<b>200</b>	Est. Value  Description
First Name or Business Name <b>Brand Partners</b> Last Name  Address <b>3024 Peachtree Rd NE</b> Address 2 <b>Suite 100</b> City <b>Atlanta</b> State <b>GA</b> Zip <b>30326</b> Aff. Comm.	Date <b>5/8/14</b> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <b>Developer</b> Employer 	<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	<b>2500</b>	Est. Value  Description
First Name or Business Name <del>John Lamb</del> Last Name <b>John Lamb</b> Address <b>2416 Sunnyside Ln</b> <del>2416 Sunnyside Dr</del> Address 2 <del>2416 Sunnyside Dr</del> City <b>Buckhead</b> State <b>GA</b> Zip <b>30519</b> Aff. Comm.	Date <b>5/8/14</b> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <b>Farm Management</b> Employer <b>Farmer</b>	<input checked="" 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	<del>1000</del> <b>250</b>	Est. Value  Description

Itemized Contributions Page Total \$ **2950**

*John Heard*

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Paul Johnson 4021 Indian Shores Bethelham GA 30620	5/8/14	Housewife	300	RECEIVED 2014 OCT 24 P 5:01
Ryan Lundstord 3525 Hamilton Mill Rd Buford GA 30519	4/25/14	Self Employed	250	
Wayne Hill 1227 Peachtree Blvd Buford GA 30516	4/13/14	Retired	200	
Vendre Properties 4398 Laska Lane Suwanee GA GA 30024	5/6/14	Investor	500	

Itemized Contributions Page Total \$ 1250 \$

\* 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

*Shilkaud*

CFC-CCDR 1/11

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
First Name or Business Name: <u>Ciana Reath</u> Last Name: _____ Address: <u>1695 NewHerald</u> Address2: _____ City: <u>Lawrenceville</u> State: <u>GA</u> Zip: <u>30046</u> Aff. Comm.: _____	<u>5/6/14</u>	<u>Realtor</u>	<input checked="" 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	<u>250</u>	RECEIVED 2014 OCT 24 P 5:01 LAWRENCE COUNTY CLERK'S OFFICE
First Name or Business Name: <u>CPAC</u> Last Name: _____ Address: <u>277 SenecaWay</u> Address2: _____ City: <u>Lawrenceville</u> State: <u>GA</u> Zip: <u>30046</u> Aff. Comm.: _____	<u>5/6/14</u>	<u>PAC</u>	<input checked="" 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	<u>300</u>	Description: _____
First Name or Business Name: <u>Thomas</u> Last Name: <u>Still</u> Address: <u>2580 M. Water Crossing</u> Address2: _____ City: <u>Dacula</u> State: <u>GA</u> Zip: <u>30019</u> Aff. Comm.: _____	<u>5/6/14</u>	<u>Attorney</u>	<input checked="" 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	<u>200</u>	Description: _____
First Name or Business Name: <u>Anthony Powell</u> Last Name: <u>Powell</u> Address: <u>960 Kenyan Ct</u> Address2: _____ City: <u>Lawrenceville</u> State: <u>GA</u> Zip: <u>30046</u> Aff. Comm.: _____	<u>5/6/14</u>	<u>Attorney</u>	<input checked="" 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	<u>250</u>	Description: _____

Itemized Contributions Page Total \$ 1,000 \$

\* 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)  
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CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Anderson, Tade Last Name Address 1 Sugarloaf Pkwy Address 2 Suite 4000 City Duluth State GA Zip 30097 Aff. Comm.	5/5/14	Attorney	<input checked="" 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	1000	
Charles Last Name Arnold Address 1595 Newberry Rd Address 2 City Lawrenceville State GA Zip 30046 Aff. Comm.	5/6/14	Retired	<input checked="" 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	500	
Clyde Last Name Strickland Address 1471 Egerman Trce Address 2 City Lawrenceville State GA Zip 30046 Aff. Comm.	5/6/14	Retired	<input checked="" 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	500	
Marshall, Robert Last Name Address PO Box 686 Address 2 City Lawrenceville State GA Zip 30046 Aff. Comm.	5/6/14	Land Investor	<input checked="" 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	250	

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 DEKALB COUNTY  
 CLERK OF SUPERIOR COURT

Itemized Contributions Page Total \$ 1350<sup>00</sup>

\* 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

*John Adams*

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Tracy Last Name: Mason Address: 215 South Collier St Address2: 3110 D City: Lawrenceville State: GA Zip: 30046 Aff. Comm.	5/6/14	attorney	<input checked="" 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	250	
Sutton Family Homes Last Name Address: PO Box 246 Address2 City: Dorchester State: GA Zip: 30546 Aff. Comm.	5/6/14	Builder	<input checked="" 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	300	
Jean Lamb Last Name: LAMB Address: 2495 Sunny Hill Ln Address2 City: Buford State: GA Zip: 30519 Aff. Comm.	4/30/14	Painter	<input checked="" 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	250	
Peraktree Sheds Inc Last Name: 1 Address: 441 Sweeney Dam Rd Address2 City: Swannoc State: GA Zip: 30024 Aff. Comm.	4/30/14	Builder	<input checked="" 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	500	

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 2014 OCT 24 P 5:01  
 WILMINGTON COUNTY  
 CLERK OF SUPERIOR COURT

Itemized Contributions Page Total \$ 1300 \$

\* 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-CCDR 1/14

First Name or Business Name <b>Colonial GMC</b>	Date	Occupation	<input checked="" 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	5/12/14	Care Dealer		500 <sup>00</sup>	2014 OCT 24 P 5:011
Address	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input checked="" 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. 2000 <sup>00</sup>	EST. VALUE 2000 <sup>00</sup>
Address2		City			
City	Logansville				
State	GA	Zip	30052		
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input checked="" 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	5/15/14	Self		2000 <sup>00</sup>	
Address	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input checked="" 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. 1000 <sup>00</sup>	EST. VALUE 1000 <sup>00</sup>
Address2		City			
City	Prasletten				
State	GA	Zip	30511		
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input checked="" 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	5/15/14	Cems		1000 <sup>00</sup>	
Address	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input checked="" 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. 200 <sup>00</sup>	EST. VALUE 200 <sup>00</sup>
Address2		City			
City	Atlanta				
State	GA	Zip	30326		
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input checked="" 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	5/16/14	Retired		200 <sup>00</sup>	
Address	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input checked="" 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. 200 <sup>00</sup>	EST. VALUE 200 <sup>00</sup>
Address2		City			
City	Lawrenceville				
State	GA	Zip	30046		
Aff. Comm.					

Itemized Contributions Page Total \$ 3700<sup>00</sup>

\* 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-CCDR 1/14

First Name or Business Name	Date	Occupation	<input checked="" 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
Tom Last Name: Martin Address: 2190 Lollwater Court Address2: 2 City: Lawrenceville State: GA Zip: 30043 Aff. Comm.	5/14/14	Banker		1000	
Wheeler Band Last Name Address: 1460 Sideline Blvd Address2: 19 City: Duluth State: GA Zip: 30097 Aff. Comm.	5/15/14	Property Manager		2500	
CLA Assoc. Last Name Address: 1505 Lake Park Address2: South 140 City: Lawrenceville State: GA Zip: 30043 Aff. Comm.		Manager		1000	
Bryan Last Name: Azhureth Address: 6204 Cascade Falls Address2: City: Buford State: GA Zip: 30514 Aff. Comm.	5/12/14	Self		250	

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 2014 OCT 24 P 5:01  
 CLAY COUNTY  
 REGISTRARS OFFICE

Itemized Contributions Page Total \$ 4750<sup>00</sup>

\* 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-CCDR1/4

RECEIVED

**State of Georgia  
Campaign Contribution Disclosure Report  
Itemized Expenditures**

2014 OCT 24 P 5:02

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: ABC Direct Last Name: Address: PO Box 1485 Address2: City: Lawrenceville State: Lawrenceville Zip: 30046	Date: 4/16/14 <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: Printer/Mailing Employer:	Mailart	381.50
First Name: Southeast Signs Last Name: Address: Address2: City: Lawrenceville State: GA Zip: 30046	Date: 4/16/14 <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: Printer/Sign Co Employer:	Signs	2695.50
First Name: Artistic Bldg Supply Last Name: Address: Address2: City: Lawrenceville State: GA Zip: 30046	Date: 4/19/14 <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: Bldg Supply Employer:	Sign Post	1087.50

Page Total \$ 4164.00

\* 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

*J. H. Newell*

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List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name ABC Direct Last Name Address PO Box 1485 Address2 City Lawrenceville State GA Zip 30046	Date 4/24/14 <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 Printing Mail Employer	Mailout IS OFFICE	3847.31
First Name Medic Services Last Name Address Medic Services Address2 PO Box 1485 City Lawrenceville State GA Zip 30046	Date 4/24/14 <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 Printing Employer	Mailout	3000.00
First Name Gwinnett Elections Last Name N Address Address2 City State Zip	Date 4/26/14 <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 Employer	Late File Fee	250.00
First Name Medic Services Last Name Address PO Box 1485 Address2 City Lawrenceville State GA Zip 30046	Date 4/29/14 <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 Printing Employer	Mailout	4505.00

\* 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 Page Total \$ 11602.31

Public Officer/Candidate/Other Than Candidate Committee Name John [Signature] Page 14 of 19

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <b>ABC Direct</b>	Date <b>4/29/14</b>	<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 <b>Mailing</b>	2014 OCT 24 P 5 <b>Mailout</b> MALDEN COUNTY OFFICE	5717 <sup>23</sup>
Last Name	Employer				
Address <b>PO 1485</b>	Address2		City <b>Lawrenceville</b>	State <b>GA</b>	Zip <b>30046</b>
First Name <b>Medic Services</b>	Date <b>4/30/14</b>		<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 <b>Printing</b>	<b>Mailout</b>
Last Name	Employer				
Address <b>PO Box 1485</b>	Address2	City <b>Lawrenceville</b>		State <b>GA</b>	Zip <b>30046</b>
First Name <b>ABC Direct</b>	Date <b>4/30/14</b>	<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 <b>Mailing</b>	<b>Mailout</b>
Last Name	Employer				
Address <b>PO Box 1485</b>	Address2		City <b>Lawrenceville</b>	State <b>GA</b>	Zip <b>30046</b>
First Name <b>ABC</b>	Date <b>5/15/14</b>		<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 <b>Mailing</b>	<b>Mailout</b>
Last Name	Employer				
Address <b>PO Box 1485</b>	Address2	City <b>Lawrenceville</b>		State <b>GA</b>	Zip <b>30046</b>

\* 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 \$ **18636<sup>99</sup>**

Public Officer/Candidate/Other Than Candidate Committee Name

*J. H. [Signature]*

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Medica Services</i>	Date <i>5/16/14</i>	<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 <i>Printing</i>	RECEIVED 2014 OCT 24 P 5:02 MAULOUT COUNTY MAULOUT MISSISSIPPI	<i>2882.50</i>
Last Name			Employer		
Address <i>PO Box 1485</i>					
Address2					
City <i>Lawrenceville</i>					
State <i>GA</i>	Zip <i>30046</i>				
First Name <i>ABC Direct</i>	Date <i>5/16/14</i>	<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 <i>Mailing</i>	<i>Mulout</i>	<i>1793.54</i>
Last Name			Employer		
Address <i>PO Box 1485</i>					
Address2					
City <i>Lawrenceville</i>					
State <i>GA</i>	Zip <i>30046</i>				
First Name	Date <i>5/19/14</i>	<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 <i>Mul out Payment</i>	<i>Mulout.</i>	<i>1585.29</i>
Last Name <i>GMC Flexcard</i>			Employer		
Address					
Address2					
City					
State <i>G</i>	Zip				
First Name <i>Cavanaugh Grill</i>	Date <i>5/20/14</i>	<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 <i>Election Party</i>	<i>Food Facility</i>	<i>4000</i>
Last Name			Employer		
Address					
Address2					
City <i>Lawrenceville</i>					
State <i>GA</i>	Zip <i>30046</i>				

\* 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 \$ *6581.24*

Public Officer/Candidate/Other Than Candidate Committee Name

*[Signature]*



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COUNTY OFFICE

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid	
First Name <i>Orange</i>	<i>Bund</i>	Date <i>5/20/14</i>	Occupation <i>Couch/Singer</i>	Expenditure Purpose <i>Entertainment</i>	<i>3007</i>	
Last Name		<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	Employer			
Address <i>50 Victor St.</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 type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			Employer
Address2						
City <i>Lawrenceville Ga</i>						
State <i>GA</i>	Zip <i>30046</i>					
First Name	Last Name	Date	Occupation			
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		<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		<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					

\* 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 \$ *3007*

Public Officer/Candidate/Other Than Candidate Committee Name *J. H. Bund* Page *17* of *19*

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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Investments Statement**

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1. Investment Name _____ Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Account # _____ 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		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">                     2. Investment Name _____                      Institution/Person Holding Account _____                      Mailing Address _____                      Address2 _____                      City _____ State _____ Zip _____                 </td> <td style="width: 45%; vertical-align: top;">                     Account # _____                      Value at beginning of reporting period \$ _____                      Value at end of reporting period \$ _____                      Difference in value \$ _____                      Interest Paid Out \$ _____                      Cash Dividends \$ _____                 </td> </tr> </table>						2. Investment Name _____ Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Account # _____ Value at beginning of reporting period \$ _____ Value at end of reporting period \$ _____ Difference in value \$ _____ Interest Paid Out \$ _____ Cash Dividends \$ _____
2. Investment Name _____ Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Account # _____ 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

Total value of investments at beginning of reporting period \$ _____ Total value of investments at end of reporting period \$ _____ Total difference in value \$ _____	Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____
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*J. H. Neal*

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State of Georgia  
Campaign Contribution Disclosure Report  
Addendum Statement

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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.

WINNETT COUNTY  
SHERIFFS OFFICE

NA

*John Hea*