

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

<p>1. Report Type (Select One)</p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p>2. Filing is being made on behalf of (Select One):</p> <p>Candidate or Public Official Office Held or Sought: <u>Athens-Clarke Co. District 3 Commissioner</u> <small>(Include county, municipality, district, post or judicial circuit)</small></p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "C")</small></p> <p>Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Melissa Link Athens</u></p> <p>Filer ID: <u>C2014000007</u> <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand Delivered Date</p> <p>Qualifying Office Filer ID:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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3. Identifying and Contact Information

(1) Melissa Jane Link (2) 1/31/14
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 148 Hiawassee Ave Athens GA 30601
Mailing Address City Zip Code

(4) 706-372-3382 and/or melissajlink2000@yahoo.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: Melissa Link | Charles Clark
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	Special Election
<p><input checked="" type="checkbox"/> January 31, <u>2014</u> (year)</p> <p><input type="checkbox"/> June 30, _____ (year)</p> <p><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></p>	<p><input checked="" type="checkbox"/> January 31, <u>2014</u> (year)</p> <p><input type="checkbox"/> June 30, _____ (year)</p> <p><input type="checkbox"/> September 30, _____ (year)</p> <p><input type="checkbox"/> October 25, _____ (year)</p> <p><input type="checkbox"/> Dec. 31, _____ (year)</p>	<p><small>(Report required only if you are in a Run-Off Election)</small></p> <p><input type="checkbox"/> 6 days before Primary Run-Off _____ (year)</p> <p><input type="checkbox"/> 6 days before General Run-Off _____ (year)</p> <p><input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year)</p> <p><input type="checkbox"/> 6 days before Special Run-Off _____ (year)</p>	<p><input type="checkbox"/> 15 days before Special Primary, _____ (year)</p> <p><input type="checkbox"/> 15 days before Special, _____ (year)</p> <p><input type="checkbox"/> Dec. 31, _____ (year)</p>

State of Georgia County of Athens-Clarke

I, Melissa Link, 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 Jun 31, 20 14

Signature of Notary Public
Commission Expiration
a. Signature of Candidate
b. Organization/Chairperson/Treasurer

(Any person who knowingly fails to comply with the provisions of the Act shall be guilty of a misdemeanor.)

**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.	0	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$1668.75	\$995.00
3a	All loans received this reporting period.	0	0
3b	Interest earned on campaign account this reporting period.	0	0
3c	Total amount of investments sold this reporting period.	0	0
3d	Total amount of cash dividends and interest paid out this reporting period.	0	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.	\$250.00	\$1533.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$1918.75	\$2528.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$1918.75	\$2528.00

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.		0
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		0
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		\$92.25
11	Total expenditures reported this period. (Line 9 + 10)		\$92.25
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		\$92.25

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.	0	0
14	Total value of investments held at the end of this reporting period.	0	0

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	\$1918.75	\$2435.75
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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.

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

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*	Employer			Description
First Name Maureen Last Name Beall Address 150 Lenoir Ave Address 2 City Athens State GA Zip 30601 Aff. Comm.	Date 1/21/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Home Health Caretaker/ Rusty Heery Employer Rusty Heery	<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. \$125.00	Est. Value Description
First Name Renee Last Name Hodnett Address 4941 Neese Commerce Rd Address 2 City Hull State GA Zip 30646 Aff. Comm.	Date 1/23/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Sonogram technician Employer ARMC	<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. \$120.00	Est. Value Description
First Name Drew Last Name Dekle Address 194 Westview Dr. Address 2 City Athens State GA Zip 30606 Aff. Comm.	Date 1/29/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Builder/ property mgr (self) Employer Quality Property Management/ Construction	<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. \$250.00	Est. Value Description

Itemized Contributions Page Total \$ **\$495.00**

First Name	Date	Occupation		Cash Amt.	Est. Value
Elizabeth	1/29/14	attorney	<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	\$250.00	
Last Name Dorminey					
Address 357 Hill St					
Address 2	<input checked="" type="checkbox"/> Monetary	Employer			
City Athens	<input type="checkbox"/> In-Kind	Wimberly			Description
State GA	<input type="checkbox"/> Common Source	\$ Lawson			
Zip 30601	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Blair	1/29/14	attorney	<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	\$250.00	
Last Name Dorminey					
Address 357 Hill St					
Address 2	<input checked="" type="checkbox"/> Monetary	Employer			
City Athens	<input type="checkbox"/> In-Kind	Dorminey			Description
State GA	<input type="checkbox"/> Common Source	& Cox			
Zip 30601	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Abel Kleinbaum	12/7/14-1/26/14	photographer/ videographer	<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		\$400.00
Last Name Kleinbaum					
Address 28 Fuller St					
Address 2	<input type="checkbox"/> Monetary	Employer			
City Athens	<input checked="" type="checkbox"/> In-Kind	self			Description publicity photos
State GA	<input type="checkbox"/> Common Source				
Zip 30606	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Joseph	1/4/14-1/29/14	website developer	<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		\$450.00
Last Name Willey					
Address 620 Rivermont Rd					
Address 2	<input type="checkbox"/> Monetary	Employer			
City Athens	<input checked="" type="checkbox"/> In-Kind	UGA			Description website design
State GA	<input type="checkbox"/> Common Source				
Zip 30606	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 1500.00 \$ 850.00

* 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

First Name	Date	Occ.		Cash Amt.	Est. Value
Chris Last Name Scredon Address 265 Tall Pine Ln Address2 City Athens State GA Zip 30605 Aff. Comm.	1/14/14-1/22/14	graphic designer/ artist	<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		\$918.75
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Emp. CJS Creative			Description graphic design
Leu Last Name Kregel Address PO Box 643 Address2 City Athens State GA Zip 30601 Aff. Comm.	1/19/2014	artist	<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		\$110.00
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Emp. self-employed			Description mural design
Jim Last Name Williamham Address 191 First St. Address2 City Athens State GA Zip 30601 Aff. Comm.		teacher	<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		\$300.00
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Emp. ACC Public Schools			Description musician/ fundraiser entertainment
			<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		
	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Emp.			Description

Itemized Contributions Page Total \$ 1328.75

* 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

Loan Reporting <i>not applicable</i>			
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	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address 2	<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 2	
City		City	
State		State	
Zip		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	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address 2	<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 2	
City		City	
State		State	
Zip		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

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	Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Bel-Jean Copy & Print</i> Last Name	Date <i>1/24/14</i>	Occupation <i>copy & print</i>	<i>fundraiser flyers</i>	\$9.22
Address <i>163 E. Broad St</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 on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2				
City <i>Athens</i>				
State <i>GA</i> Zip <i>30601</i>				
First Name <i>Bel-Jean Copy & Print</i> Last Name	Date <i>1/26/14</i>	Occupation <i>copy & print</i>	<i>fundraiser materials</i>	\$11.13
Address <i>163 E. Broad St</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 on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2				
City <i>Athens</i>				
State <i>GA</i> Zip <i>30601</i>				
First Name <i>World Famous</i> Last Name	Date <i>1/26/14</i>	Occupation <i>restaurant/ bar/music venue</i>	<i>refreshments for entertainment</i>	\$10.00
Address <i>351 Hull St</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 on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2				
City <i>Athens</i>				
State <i>GA</i> Zip <i>30601</i>				

Page Total \$ 30.35

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

List Name and Mailing Address of Recipient	Expenditure Date Expenditure Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name 1520-rro-Wuxtry Last Name Address 225 College Ave Address 2 City Athens State GA Zip 30601	Date 1/26/14 <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 on Deferred Expense <input type="checkbox"/> Investment	Occupation Comic book shop Employer	100 custom campaign buttons	\$30.00
First Name JO-Ann Fabric Last Name Address 191 Alps Rd Address 2 City Athens State GA Zip 30606	Date 1/25/14 <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 on Deferred Expense <input type="checkbox"/> Investment	Occupation fabric store Employer	banner supplies	\$2.88
First Name Big Lots Last Name Address 3190 Atlanta Hwy Address 2 City Athens State GA Zip 30606	Date 1/25/14 <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 on Deferred Expense <input type="checkbox"/> Investment	Occupation general discount store Employer	fundraiser supplies	\$10.17
First Name Office Max Last Name Address 191 Alps Rd Address 2 City Athens State GA Zip 30601	Date 1/25/14 <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 on Deferred Expense <input type="checkbox"/> Investment	Occupation office supply store Employer	office supplies	\$9.38

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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Hancock Fabrics</i>		Date <i>1/25/14</i>	Occ.	<i>fabric for banner</i>	\$9.47
Last Name					
Address <i>3190 Atlanta Hwy</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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City <i>Atlanta</i>					
State <i>GA</i>	Zip <i>30606</i>				
First Name					
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				
First Name					
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				
First Name					
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				
First Name					
Last Name					

* 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 \$ 9.47

State of Georgia Campaign Contribution Disclosure Report Investments Statement

Not Applicable

1. Investment Name	Account #
Institution/Person Holding Account _____	Value at beginning of reporting period \$
Mailing Address _____	Value at end of reporting period \$
Address2 _____	Difference in value \$
City _____ State _____ Zip _____	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 _____	Value at beginning of reporting period \$
Mailing Address _____	Value at end of reporting period \$
Address2 _____	Difference in value \$
City _____ State _____ Zip _____	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>	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: \$ _____

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.

NONE