

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)	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Edwards For Sheriff</u> (Include county, municipality, district, post or judicial circuit)	Use Earlier of Post Mark or Hand Delivered Date
<input checked="" type="checkbox"/> Original	Filer ID <u>C2008000598</u> (Filer ID that begins with the letter "C")	
<input type="checkbox"/> Amendment	Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Edwards for Sheriff</u>	
Amendment # _____	Filer ID: _____ (Filer ID that begins with the letter "NC")	_____

3. Identifying and Contact Information

(1) Ira Edwards Jr. (2) 1-30-15
Full Name of Candidate or Other Than Candidate Campaign Committee

(3) P. O. Box 528 Athens GA 30603
Mailing Address City State Zip Code

(4) 706-410-5188 and/or _____
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: Teresa P. Edwards | Trevor Washington
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

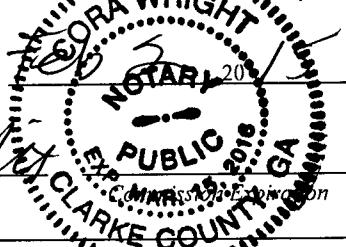
You Must Check Only One Box

My Non Election Year	My Election Year	Run-Offs (Report required only if you are in a Run-Off Election)	Special Election
<input checked="" type="checkbox"/> January 31, <u>2015</u> (year) <input type="checkbox"/> June 30, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> March 31, _____ (year) <input type="checkbox"/> June 30, _____ (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)
<p><small>*Persons leaving office with excess funds until such funds are expended as provided in the Act</small> <small>*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>			

State of Georgia County of Clarke
 I, Ira Edwards Jr., 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 2/26/2016

Cora Wright
Signature of Notary Public



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

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

	<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
1			
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.		7,234.19
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		9,765.00
3a	All loans received this reporting period.		Ø
3b	Interest earned on campaign account this reporting period.		Ø
3c	Total amount of investments sold this reporting period.		Ø
3d	Total amount of cash dividends and interest paid out this reporting period.		Ø
4	Total amount of all separate contributions of \$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.		1,920.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		11,685.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		18,919.19

EXPENDITURES MADE

	<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.		Ø
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		3,004.29
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		Ø
11	Total expenditures reported this period. (Line 9 + 10)		3,004.29
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		3,004.29

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		15,914.90
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of 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 Indebtess

Election Cycle*:		Election Year:	Amount
1	Outstanding indebtedness at the beginning of this reporting period.		0
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.		0
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.		0
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

Edwards for Sheriff Page ____ of ____

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
					Description
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name			<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					
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		Cash Amt.	Est. Value
Last Name			<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					
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		Cash Amt.	Est. Value
Last Name			<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					
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 \$ _____ \$ _____

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page _____ of _____

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
					Description
First Name <i>Eric</i>	Date <i>9-9-14</i>	Occupation <i>law enforcement</i>	<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	<i>500.00</i>	Est. Value
Last Name <i>Pozen</i>					
Address <i>1471 Arborwood Ridge</i>					
Address 2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <i>CCSU</i>			Description
City <i>Bishop</i>					
State <i>GA</i>	Zip <i>30621</i>				
Aff. Comm.					
First Name <i>Wesley</i>	Date <i>8-21-14</i>	Occupation <i>Sales Rep</i>	<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	<i>500.00</i>	Est. Value
Last Name <i>De Vageter</i>					
Address <i>1960 Satellite Blvd</i>					
Address 2 <i>St 3000</i>	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <i>Cash Online</i>			Description
City <i>Duluth</i>					
State <i>GA</i>	Zip <i>30097</i>				
Aff. Comm.					
First Name <i>Ken</i>	Date <i>9-7-14</i>	Occupation <i>Retired Entrepreneur</i>	<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	<i>1,200.00</i>	Est. Value
Last Name <i>Fulghum</i>					
Address <i>1860 Barnett Shoals</i>					
Address 2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City <i>Athens</i>					
State <i>GA</i>	Zip <i>30605</i>				
Aff. Comm.					

Itemized Contributions Page Total \$ *2,200.00*

FCC-CCDR 1/14

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Butch Miller	10-10-14	Owner	500.00	
Address 4734 Arapahoe Trail				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Gainesville	<input type="checkbox"/> In-Kind	Honda		
State GA Zip 30506	<input type="checkbox"/> Common Source	Dealership	Non election year	
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Montez Carter	1	Vice President	200.00	
Address P.O. Box 1414	10-3-14			
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Greenwood	<input type="checkbox"/> In-Kind	St. Mary's		
State MS Zip 38980	<input type="checkbox"/> Common Source	Healthcare	Non election year	
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Larry Benson	10-10-14	Owner	200.00	
Address P.O. Box 429				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Bogart	<input type="checkbox"/> In-Kind	Holiday Inn		
State GA Zip 30622	<input type="checkbox"/> Common Source		Non election year	
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Charlie Maddox	9-29-14	Retired	200.00	
Address 115 Avalon Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Athens	<input type="checkbox"/> In-Kind			
State GA Zip 30606	<input type="checkbox"/> Common Source		Non election year	
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			

Itemized Contributions Page Total \$ 1,100.00 \$

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Edwards For Sheriff

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CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Brandon Edwards	9-24-14	Financial Planner	305.00	
Address 240 Millstone Circle				Description
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Athens	<input type="checkbox"/> In-Kind	Northwestern Mutual Insurance		
State GA	<input type="checkbox"/> Common Source			Non-electoral year
Zip 30605	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Derek Strickland	9-24-14	Owner	500.00	
Last Name				Description
Address 239 Darwish Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Mc Donough	<input type="checkbox"/> In-Kind	Trinity Services		
State GA	<input type="checkbox"/> Common Source			Non-electoral year
Zip 30252	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Patrick Beri	9-23-14	Unknown	400.00	
Last Name				Description
Address 19 Brittany Point				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Colbert	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			Non-electoral year
Zip 30628	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Mike Prosperi	9-24-14	Owner	200.00	
Last Name				Description
Address P. O. Box 782				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Milledgeville	<input type="checkbox"/> In-Kind	Bug house		
State GA	<input type="checkbox"/> Common Source			Non-electoral
Zip 31061	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				

Itemized Contributions Page Total \$ 1,405.00 \$

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Edwards for Sheriff

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CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Ivory Clifton	9-21-14	Retired	150.00	
Address				
162 Double Bridge Lane				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Winterville	<input type="checkbox"/> Common Source			
State GA	<input type="checkbox"/> Credit Received on Loan			
Zip 30683				
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Tony & Jessica Goings	9-17-14	Law Enforcement	400.00	
Address				
130 Quail Run Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Athens	<input type="checkbox"/> Common Source			
State GA	<input type="checkbox"/> Credit Received on Loan			
Zip 30606				
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
John Elliot	9-5-14	Owner	500.00	
Last Name				
Elliot				
Address				
675 Pulaski St				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Athens	<input type="checkbox"/> Common Source			
State GA	<input type="checkbox"/> Credit Received on Loan			
Zip 30601				
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Hayden & Beth Hodges	9-16-14	Law Enforcement	500.00	
Last Name				
Hodges				
Address				
528 Timber Ridge Lane				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Colbert	<input type="checkbox"/> Common Source			
State GA	<input type="checkbox"/> Credit Received on Loan			
Zip 30628				
Aff. Comm.				

Itemized Contributions Page Total \$ 1,550.00

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Edwards for Sheriff

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CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Sige Last Name Burden	9-15-14	Director	310.00	
Address 265 Claystone Woods				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Athens	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30606	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.		U 6 A		
First Name or Business Name Brian	Date	Occupation	Cash Amt.	Est. Value
Last Name Weaver	9-8-14	Law Enforcement	200.00	
Address 605 Bentley Ct				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Duluth	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30097	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.		John Creek P. O.		
First Name or Business Name Ray	Date	Occupation	Cash Amt.	Est. Value
Last Name Goff	9-30-14	Owner	400.00	
Address 1011 Woodridge Lane				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Watkinsville	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30677	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.		Zaxby's		
First Name or Business Name Jimp	Date	Occupation	Cash Amt.	Est. Value
Last Name Cole	9-15-14	Law Enforcement	400.00	
Address P. O. Box 362				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Colbert	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30628	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.		CCSO		
Itemized Contributions Page Total \$ 1,310				

* 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

Edwards for Sheriff

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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.
Address2			Address2	<input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
City			City	
State	Zip		State	Zip
Lender Name (First Name, Business, Inst.)			1.	First Name
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.
Address2			Address2	<input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
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

First Name	Date	Occupation	Cash Amt.	Est. Value
Rick	9-18-14	Owner	200.00	
Last Name chastain				
Address P. O. Box 1908				
Address 2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Athens	<input type="checkbox"/> In-Kind	chastain		
State GA	<input type="checkbox"/> Common Source	Insurance		
Zip 30605	<input type="checkbox"/> Credit Received on Loan	Non election travel		
Aff. Comm.				
First Name Mark	Date	Occupation	Cash Amt.	Est. Value
Last Name Richt		Coach	1,000.00	
Address 1151 Scotland Bend	8-20-14			
Address 2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Watkinsville	<input type="checkbox"/> In-Kind	WGA		
State GA	<input type="checkbox"/> Common Source			
Zip 30677	<input type="checkbox"/> Credit Received on Loan	Non election		
Aff. Comm.				
First Name Shane	Date	Occupation	Cash Amt.	Est. Value
Last Name Todd		Owner	1000.00	
Address 125 Mitchell Buff	8-21-14			
Address 2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Athens	<input type="checkbox"/> In-Kind	Chick fil a		
State GA	<input type="checkbox"/> Common Source			
Zip 30606	<input type="checkbox"/> Credit Received on Loan	Non election		
Aff. Comm.				
First Name Wayne	Date	Occupation	Cash Amt.	Est. Value
Last Name Wilson		Owner	400.00	
Address 850 Prince Ave	8-21-14			
Address 2	<input type="checkbox"/> Monetary	Employer		Description
City Athens	<input checked="" type="checkbox"/> In-Kind	Uniform		Polo shirts
State GA	<input type="checkbox"/> Common Source	Unlimited		for golf
Zip 30606	<input type="checkbox"/> Credit Received on Loan	Non election		tournament
Aff. Comm.				
Itemized Contributions Page Total \$ <u>2,200.00</u> \$ <u>400.00</u>				

CFC-CCDR-FR&TS 1/14

First Name / Business Name <i>Tony Webb</i>	Date <i>8-21-14</i>	Occupation <i>Owner</i>	<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 <i>\$500.00</i>
Address2 <i>7980 Macon Hwy</i>	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <i>Burman's Printing</i>	<i>Non-electronic items</i>	Description <i>Brochures for fund raise</i>	
First Name / 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 / 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 / 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 \$ 500.00

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

*Edwards for Sheriff*Page 1 of 1

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 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 \$ 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

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
Address 2		Address 2	
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 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
Address 2		Address 2	
City		City	
State	Zip	State	Zip
Reference: OCGA § 21-5-34(b)(1)			

Loan Page Total \$ 0

*Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off, Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

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 U S Postal	Date 8-12-14	Occupation N/A	Purchase Stamps	147.00
Last Name		Employer		
Address 115 E. Hancock Ave	<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			
Address2				
City Athens				
State GA	Zip 30605			
First Name Butch E.	Date 9-29-14	Occupation Owner	Golf course rental for fund raiser	1,527.00
Last Name Foust				
Address 1201 Club Dr	<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			
Address2				
City Bishop				
State GA	Zip			
First Name Shane	Date 9-29-14	Occupation Owner	Breakfast for the golf tourna- ment	243.91
Last Name Todd				
Address 194 ALPS Rd	<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			
Address2				
City Athens				
State GA	Zip 30606			

Page Total \$ 1,917.91

* 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

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 Last Name Address Address2 City State GA Zip 30606	Date 10-2-14 <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 N/A Employer N/A	Sponsorship signs for fundraiser	486.38
First Name Last Name Address Address2 City State GA Zip 30603	Date 10-7-14 <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 N/A Employer N/A		600.00
First Name Last Name Address Address2 City State GA Zip 30605	Date 10-10-15 <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 N/A Employer N/A		

Page Total \$ 1086.38

* 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

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	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name	Date	Occupation		
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	Employer		
Address2				
City				
State	Zip			
First Name	Date	Occupation		
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	Employer		
Address2				
City				
State	Zip			
First Name	Date	Occupation		
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	Employer		
Address2				
City				
State	Zip			

Page Total \$ _____

* 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

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		
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	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
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	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
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	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
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	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 \$ _____

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page _____ of _____

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name <i>N/A</i>		Account Number			
Institution/Person Holding Account _____		Value at beginning of reporting period \$ _____			
Mailing Address _____ _____ _____		Value at end of reporting period \$ _____			
City _____ State _____ Zip _____		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 <i>N/A</i>		Account Number			
Institution/Person Holding Account _____		Value at beginning of reporting period \$ _____			
Mailing Address _____ _____ _____		Value at end of reporting period \$ _____			
City _____ State _____ Zip _____		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 \$ _____		Page Total Cash Dividends: \$ _____			
Total value of investments at end of reporting period \$ _____		Page Total Interest Paid Out: \$ _____			
Total difference in value \$ _____		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.