

CFC-CCDR 1/14

4/14

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>WALKER COUNTY COMMISSIONER</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID: <u>C2011000966</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "OC")</small>	
	Filer ID: _____ <small>(Filer ID that begins with the letter "OC")</small>	

3. Identifying and Contact Information

(1) BEBE ANN S HEISKELL (2) _____
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) _____ CHICKAMAUGA GA 30707
Mailing Address City State Zip Code

(4) _____ 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: _____
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>2016</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)
Supplemental Reporting <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 Georgia County of Walker

I, Bebe Ann S. Heiskell 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 July 8, 2016

Signature of Notary Public Commission Expiration

Bebe Ann S Heiskell
a. Signature of Candidate
 b. Organization/Chairperson/Treasurer

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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	\$84,066.72
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0	\$23,750.00
3a	All loans received this reporting period.		\$0
3b	Interest earned on campaign account this reporting period.		\$18.77
3c	Total amount of investments sold this reporting period.		\$0
3d	Total amount of cash dividends and interest paid out this reporting period.		\$0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	\$0	\$278.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$0	\$24,046.77
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$0	\$108,113.49

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	\$51,623.81
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0	\$15,370.88
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	\$0	\$93.00
11	Total expenditures reported this period. (Line 9 + 10)	\$0	\$15,463.88
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0	\$87,087.69

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	\$0	\$41,025.80
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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.

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State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>GENERAL</u>		Election Year: <u>2016</u>	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		\$0
2	Loans received this reporting period.		\$0
3	Deferred payment of expenses this reporting period		\$0
4	Payments made on loans this reporting period.		\$0
5	Credits received on loans this reporting period		\$0
6	Payments this reporting period on previously deferred expenses.		\$0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		\$0
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

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State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type†	Occupation & Employer			Estimated Value
					Description
First Name or Business Name FLEGAL INSURANCE Last Name Address 214 ANDREWS STREET Address2 City ROSSVILLE State Zip GA 30741 Aff. Comm.	Date 08/08/2016 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation N/A Employer N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt 1,000.00	Est. Value Description
First Name or Business Name AIMC, LLC Last Name Address 220 CINEMA VIEW WAY Address2 City WOODSTOCK State Zip GA 30189 Aff. Comm.	Date 04/06/2016 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation N/A Employer N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt 1,000.00	Est. Value Description
First Name or Business Name TALLEY CONSTRUCTION Last Name Address P.O. BOX 357 Address2 City ROSSVILLE State Zip GA 30741 Aff. Comm.	Date 04/06/2016 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation N/A Employer N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt 2,000.00	Est. Value Description

Itemized Contributions Page Total \$ 4,000.00 \$ 0.00

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
PAT	04/12/2016	RETIRED POSTAL WORKER	<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	500.00	
Last Name HAMILTON					
Address [REDACTED]					
Address2	<input checked="" type="checkbox"/> Monetary	Employer USPS			Description
City CHICKAMAUGA	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30707	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name PECH PROPERTIES	04/12/2016	N/A	<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	500.00	
Last Name					
Address P.O. BOX 835					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City CHICKAMAUGA	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30707	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name RIDGECREST ROSSVILLE, LLC	04/12/2016	N/A	<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	1,000.00	
Last Name					
Address P.O. BOX 940					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City ROSSVILLE	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30741	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name NORTH GEORGIA COMMUNICATIONS	04/12/2016	N/A	<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	1,000.00	
Last Name					
Address P.O. BOX 940					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City ROSSVILLE	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30741	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 3,000.00 \$ 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

CFC-CFDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
GEOLOGICAL CONSULTANTS INC. Last Name Address 1511 MACK SMITH RD Address2 City CHATTANOOGA State TN Zip 37412 Aff. Comm.	04/27/2016	N/A	<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	1,000.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
			Employer N/A		
BILL Z. Last Name BYRD, JR Address [REDACTED] Address2 City ROCK SPRING State GA Zip 30739 Aff. Comm.	04/27/2016	RETIRED	<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	1,000.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
			Employer N/A		
ENVIROGROUP, LLC Last Name Address 2950 PHILADELPHIA Address2 City ONTARIO State CANADA Zip 91761 Aff. Comm.	04/27/2016	N/A	<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	250.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
			Employer N/A		
AUDIA GROUP, LLC Last Name Address 450 RACETRACK RD Address2 City WASHINGTON State PA Zip 15301 Aff. Comm.	04/27/2016	N/A	<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	3,000.00	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
			Employer N/A		
Itemized Contributions Page Total				\$ 5,250.00	\$

* 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

CFC-COR 1/14

First Name or Business Name	Date	Occupation		Cash Amt	Est. Value
ELLIOTT	04/27/2016	OWNER OF BURGER KING LOCATION	<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	2,500.00	
Last Name DAVENPORT					
Address [REDACTED]					
Address2	<input checked="" type="checkbox"/> Monetary	Employer SELF-EMPLOYED			
City LOOKOUT MOUNTAIN	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30750	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
FINDLAYS TALL TIMBERS	05/03/2016	N/A	<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	2,500.00	
Last Name					
Address 1800 INDUSTRIAL DRIVE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			
City FINDLAY	<input type="checkbox"/> In-Kind				
State OH	<input type="checkbox"/> Common Source				
Zip 45839	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
TERRY	05/10/2016	SALESMAN	<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	1,000.00	
Last Name JOHNSON					
Address [REDACTED]					
Address2	<input checked="" type="checkbox"/> Monetary	Employer SELF-EMPLOYED			
City DALLAS	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30157	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
TIM	05/10/2016	EXTERMINATOR OF PESTS	<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	500.00	
Last Name BELL					
Address [REDACTED]					
Address2	<input checked="" type="checkbox"/> Monetary	Employer SELF-EMPLOYED			
City RINGGOLD	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30738	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total \$				6,500.00	\$

* 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

CFC-CDBR 1/16

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
BLEVINS SERVICES, LLC	05/10/2016	N/A	<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	1,000.00	
Last Name					
Address					
47 PHILLIPS HOLLOW ROAD					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	N/A			
CHICKAMAUGA	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
GA					
Zip					
30707					
Aff. Comm.					
GUY	05/10/2016	ACCOUNTANT	<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	1,000.00	
Last Name					
CARPENTER					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	CARPENTER			
CHATTANOOGA	<input type="checkbox"/> Common Source	ACCOUNTING			
State	<input type="checkbox"/> Credit Received on Loan				
TN					
Zip					
37404					
Aff. Comm.					
BB & T HUFFAKER	05/10/2016	N/A	<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	1,000.00	
Last Name					
Address					
721 BROAD STREET					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	N/A			
CHATTANOOGA	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
TN					
Zip					
37402					
Aff. Comm.					
WILLIAM J.	05/24/2016	CABLE TV OWNER	<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	1,000.00	
Last Name					
COOKE					
Address					
P.O. BOX 940					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	SELF-EMPLOYED			
ROSSVILLE	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
GA					
Zip					
30741					
Aff. Comm.					

Itemized Contributions Page Total \$ 4,000.00

* 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

CFC-CCDR 1/11

First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
POINTE GENERAL CONTRACTORS		06/06/2016	N/A			1,000.00
Last Name						
Address						
1208 POINTE CENTER DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer	<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		Description
STA. 105		<input type="checkbox"/> In-Kind	N/A			
City		<input type="checkbox"/> Common Source				
CHATTANOOGA		<input type="checkbox"/> Credit Received on Loan				
State	Zip					
TN	37421					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer	<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		Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer	<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		Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer	<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		Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						

Itemized Contributions Page Total \$ 1,000.00 \$

* 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

CPC-CCDR 1/14

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
Lender Name (First Name, Business, Inst.) NONE	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	
Address2		Address2	
City		City	
State Zip		State Zip	
Lender Name (First Name, Business, Inst.)		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	
Address2		Address2	
City		City	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)			Loan Page Total \$ _____

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

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

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

CFC-CCDR111

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 WALKER COUNTY MESSENGER Last Name Address 102 N MAIN STREET Address2 City LAFAYETTE State GA Zip 30728	Date 04/29/2016 <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	ADVERTISING	1,888.42
First Name UCTV265 Last Name Address 100 HERRON STREET Address2 City FORT OGLETHORPE State GA Zip 30742	Date 04/29/2016 <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	ADVERTISING	850.00
First Name ADVANTAGE OF ADVERTISING, LLC Last Name Address Address2 City FORT OLGETHORPE State GA Zip 30742	Date 05/02/2016 <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	ADVERTISING	5,082.50

Page Total \$ 7,800.92

* 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-COR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name GUY	<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	Date 05/10/2016	Occupation ACCOUNTANT	GOLF TOURNAMENT 2ND PLACE WINNER	300.00
Last Name CARPENTER		Employer CARPENTER ACCOUNTING			
Address [REDACTED]					
Address2					
City CHATTANOOGA					
State TN Zip 37404					
First Name BB&T HUFFAKER TEAM	<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	Date 05/10/2016	Occupation	GOLF TOURNAMENT 3RD PLACE WINNER	200.00
Last Name		Employer			
Address 721 BROAD STREET					
Address2					
City CHATTANOOGA					
State TN Zip 37402					
First Name PRECISION EMBROIDERY	<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	Date 05/11/2016	Occupation	T-SHIRTS	786.61
Last Name		Employer			
Address 5559 US27					
Address2					
City ROCK SPRING					
State GA Zip 30739					
First Name WALKER COUNTY MESSENGER	<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	Date 05/13/2016	Occupation	ADVERTISING	748.00
Last Name		Employer			
Address 102 N MAIN STREET					
Address2					
City LAFAYETTE					
State GA Zip 30728					

* 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 \$ 2,034.61

CFR-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name RAHI SPIRIT	Address Address2 City LAFAYETTE State GA Zip 30728	Date 05/16/2016	Occupation	SPONSORSHIP	300.00
Last Name		Employer			
Address					
Address2					
City LAFAYETTE					
State GA Zip 30728					
First Name LAFAYETTE HIGH SCHOOL BAND BOOSTERS	Address RAMBLER DRIVE Address2 City LAFAYETTE State GA Zip 30728	Date 05/16/2016	Occupation	GOLD LEVEL SPONSOR	300.00
Last Name		Employer			
Address					
Address2					
City LAFAYETTE					
State GA Zip 30728					
First Name UCTV265	Address 100 HERRON STREET Address2 City FORT OGLETHORPE State GA Zip 30741	Date 05/16/2016	Occupation	ADVERTISING	1,000.00
Last Name		Employer			
Address					
Address2					
City FORT OGLETHORPE					
State GA Zip 30741					
First Name C&C OXYGEN CO	Address 3615 ROSSVILLE BLVD. Address2 City CHATTANOOGA State TN Zip 37407	Date 05/23/2016	Occupation	HELIUM FOR BALLOONS	198.65
Last Name		Employer			
Address					
Address2					
City CHATTANOOGA					
State TN Zip 37407					

* 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 \$ 1,798.65

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name RISING FAWN PRINTING SERVICES, LLC Last Name	Date 05/02/2016	Occupation Employer	GOLF TOURNAMENT RAFFLE TICKETS	117.70
Address 414 N. MOORE RD Address2 City RISING FAWN State GA Zip 30738	<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			
First Name CANYON RIDGE GOLF COURSE Last Name	Date 06/10/2016	Occupation Employer	GOLF TOURNAMENT FEES	1,160.00
Address 785 CANYON RIDGE RD Address2 City RISING FAWN State GA Zip 30738	<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			
First Name LANE Last Name McKEOWN	Date 05/10/2016	Occupation Employer	GOLF TOURNAMENT CLOSEST TO HOLE WINNER	500.00
Address Address2 City ROSSVILLE State GA Zip 30741	<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			
First Name CLAYTON Last Name CHANDLER	Date 05/10/2016	Occupation Employer	GOLF TOURNAMENT FIRST PLACE SCORE WINNER	500.00
Address Address2 City ROCK SPRING State GA Zip 30739	<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			

* 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 \$ 2,277.70

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name WQCH-RADIO Last Name Address P.O. BOX 746 Address2 City LAFAYETTE State GA Zip 30728	Date 05/25/2016 <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 Occupation Employer	ADVERTISING	110.00
First Name WQCH-RADIO Last Name Address P.O. BOX 746 Address2 City LAFAYETTE State GA Zip 30728	Date 05/31/2016 <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 Occupation Employer	ADVERTISING	903.00
First Name TIM Last Name HEADRICK Address Address2 City CRANDALL State GA Zip 30711	Date 06/06/2016 <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 Occupation SELF-EMPLOYED Employer	DECALS	175.00
First Name TIM Last Name HEADRICK Address Address2 City CRANDALL State GA Zip 30711	Date 06/06/2016 <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 Occupation SELF-EMPLOYED Employer	YARD SIGNS	273.00

* 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 \$ 1,461.00