STATE OF GEORGIA

Georgia Government Transparency and Campaign Finance Commission 200 Piedmont Ave SE, Suite 1402-West Tower, Atlanta, GA 30334

AFFIDAVIT OF A CANDIDATE'S INTENT NOT TO EXCEED \$2,500 IN CONTRIBUTIONS AND/OR EXPENDITURES

My commission expires 1/18/17

Way (Office Sought/or Held) In Available Extracts (City or County) By submitting this form I am affirming that I, the above named candidate, do not intend to accept during this election cycle* a combined total of contributions exceeding \$2,500.00 for the campaign nor make a combined total of expenditures exceeding \$2,500. If the above named candidate does not exceed \$2,500.00 in contributions or expenditures then the candidate SHALL not have to file a report under O.C.G.A. \$21-5-34 (c). I understand that if I, the above named candidate, exceed the \$2,500 limit for either accepting contributions or making expenditures for such campaign during the election cycle, but do not accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 then I, the above named candidate, SHALL be required to file only the June 30 and October 25 reports required by O.C.G.A. \$21-5-34 (c) (2). The first of such reports shall include all contributions received and expenditures made beginning January I of such calendar year. Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate sexceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate shall be subject to the reporting requirements of this Code section the same as if the written notice authorized by this subsection had not been filed. ***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 including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office. Of Georgia County of PLACA To and subscribed before me on	JAMES W. Ai	Name of Candidate)	is a ca	ndidate for /public officer of
By submitting this form I am affirming that I, the above named candidate, do not intend to accept during this election cycle* a combined total of contributions exceeding \$2,500.00 for the campaign nor make a combined total of expenditures exceeding \$2,500.01 for the campaign nor make a combined total of expenditures exceeding \$2,500.00 in contributions or expenditures then the candidate SHALL not have to file a report under O.C.G.A. §21-5-34 (c). I understand that if I, the above named candidate, exceed the \$2,500 limit for either accepting contributions or making expenditures for such campaign during the election cycle, but do not accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 then I, the above named candidate, SHALL be required to file only the June 30 and October 25 reports required by O.C.G.A. §21-5-34 (c) (2). The first of such reports shall include all contributions received and expenditures made beginning January 1 of such calendar year. Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate SHALL be subject to the reporting requirements of this Code section the same as if the written notice authorized by this subsection had not been filed. **Plection cycle* means the period from the day following the date of an election or appointment of a person to elective public office through and including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office. Of Georgia Ludersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to firmly knowledge and belief. Of Georgia		,	, 01	œ \ \
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exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate SHALL be subject to the reporting requirements of this Code section the same as if the written notice authorized by this subsection had not been filed. *"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 including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office. To Georgia County of County of County of Mandersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to of my knowledge and belief. In to and subscribed before me on	contributions or making exper combined total of contribution the above named candidate, <u>SI</u> by O.C.G.A. §21-5-34 (c) (2).	nditures for such campa as exceeding \$5,000.00 HALL be required to fi The first of such report	ign during the electi or make expenditure le only the June 30 a s shall include all co	on cycle, but do not accept a es exceeding \$5,000.00 then I, and October 25 reports required
Code section the same as if the written notice authorized by this subsection had not been filed. *"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 including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office. of Georgia County of cundersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to finy knowledge and belief.	exceeding \$5,000.00 or make of	expenditures exceeding	\$5,000.00 during th	ne calendar year of such
and including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office. Of Georgia County of undersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to finy knowledge and belief. In to and subscribed before me on	Code section the same as if the	written notice authoriz	ed by this subsection	n had not been filed.
undersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to find to and subscribed before me on	and including the date of the next such ele	the day following the date of at ction of a person to the same pu	election or appointment of blic office and shall be cons	f a person to elective public office through strued and applied separately for each
the property of the property o	e of Georgia	County of	Kaib	
ture of Notary Public Signature of Candidate/Chairman/Treasurer filing Affidavit	e undersigned, being duly sworn, do swear or of my knowledge and belief.	r affirm, certify and say that it is	affidavit and the information	on hereinabove is true, complete and correct to the
	ature of Notary Public	Signature of Candida	te/Chairman/Treasurer filin	→ g Affidavit
	•	To a community	The second secon	P. month

Notary Seal

CFC-CCDR 1/14					4/14
		Campaign Contributio	_		
Georg 200 Piedm	ia Govern ont Avenue S	nment Transparency a S.E. Suite 1402 West Tower Atl	nd Campaign F anta, GA 30334 404-	l <mark>inance C</mark> o 463-1980 <u>ww</u>	mmission w.ethics.ga.gov
1. Report Type (Select One) Original	2. Filing is Candidate of Office Held of	being made on behalf of (Select Public Official or Sought Mayor of Include county, r	One):		Use Earlier of Post Mark or Hand Delivered Date
☐ Amendment	Filer ID Organization	(Filer ID that be	gins with the letter "C")		REC'D MAR - 2 2015
Amendmeut #	Committee N		Campaign Committee		
			ns with the letter "NC")		
3. Identifying and Cont	tact Informa	tion			
(1) JAMES U Full Name of Cand	idate or Othe	r Than Candidate Campaign Con	ımittee	(2) 3/2 Today's E	l 15 Date
(3) 25 Keu	sington	RD. Avoudak	Estates	GA	30002
(4) 404-83	31-094	7 and	dor jimhotd	state 2	ip code Louron @ermail. Ke
*				13 1710440	
financial records of t	he campaign	s there a campaign committee (on or file the reports? Yes	e or more persons) to r	nake campaign	transactions, keep
(6) If yes, is the committ	tee registered	with the Commission? Yes	□ No		
(7) If yes, complete the f		Name of Committee Chairperson	Name of	County to Tue	
1. Period for which		*	1 Name of	Committee Treas	urer
	you are ixe	You Must Check C	Only One Box		
My Non Electio	n Year	My Election Year	Run-Of (Report required only Run-Off Elec	if you are in a	Special Election
☐ January 31, (yea	(year) ar)	☐ January 31, (year) ☐ March 31, (year)	☐ 6 days before Gen	ear) eral	☐ 15 days before Special Primary, (year)
Supplemental Rep	•	☐ June 30, (year) ☐ September 30, (year)	6 days before Spec		X15 days before Special, 2015 (year)
☐ June 30, (ye ☐ December 31,	ear) (year)	October 25, (year)	6 days before Spec		Dec. 31, (year)
*Persons leaving office with excess funds such funds are expended as provided in th *Unsuccessful candidates with excess fun- contributions to retire debt incurred, until expended, or such unpaid debts are satisf filling only)	he Act nds, or who receive I such funds are	☐ Dec. 31, (year)	Run-Off (ye	ear)	
Simt	utory	being duly sworn (aff	County of	the information its in the electron	in this report form is ic filing submitted, if
Sworn to and subscribed	before me on	3/3 My commission	expires 1/18/1 7	2 20	
Litule	L		J.	ellet	
SigNorure of Notary Publ	TC	Commission Expiration		nature of Candid ganization/Chair	ate person/Treasurer
l /		,	F111		

Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCD	State of Georgia	·	
	Campaign Contribution Disclosure Rep	o wt	
		ort	
	Summary Report CONTRIBUTIONS RECEIVED		
1	☐ I have no contributions to report.	In Kind	·
	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		0
	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.		
3	Total amount of all itemized contributions received in this reporting period which	D	310
3a	is listed on the "Itemized Contributions" page. All loans received this reporting period.		310
Ja	An loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		
			<u> </u>
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		
34	rotal 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	625
5	Total contributions reported this period.		935 00
	(Line $3 + 3a + 3b + 3c + 3d + 4$)	0	935
6	Total contributions to date. Total to be carried forward to next report of this		, , , , , , , , , , , , , , , , , , , ,
	election cycle*.	0	93500
	(Line 2 + 5) EXPENDITURES MADE		
7	I have no expenditures to report.	T	
′	I have the following expenditures to report:		1701,30
8	Total expenditures made and reported prior to this reporting period. If this is the		11-17-20
	A. First report of this Election Cycle*, ENTER 0.		0
9	B. Second or subsequent filing ENTER Line 12 of previous report.		
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		1701.30
10	Total amount of all separate expenditures of \$100,00 or less that were made		7 1011.30
	in this reporting period and not listed on the "Itemized Expenditures" page		0
11	Total expenditures reported this period.		
12	(Line 9 + 10)		1701.30
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*.		
	(Line 8 + 11)		1701.30
	INVESTMENTS	<u> </u>	
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.		ð
	TOTAL NET BALANCE ON HAND		
15	Net balance on hand.	T	
	(Line 6 - 12 + 14)		- 766.30
*000	A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment		1.0

* 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 apparately for each elective office including the date.

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Page of

CFC-CCDR 1/14

State of Georgia Campaign Contribution Disclosure Report **Outstanding Indebtness** Election Cycle*: _ Special Election Year: 2015 Amount Outstanding indebtedness at the beginning of this reporting period. Ô 2 Loans received this reporting period. O 3 Deferred payment of expenses this reporting period 4 Payments made on loans this reporting period. 0 5 Credits received on loans this reporting period O 6 Payments this reporting period on previously deferred expenses. \bigcirc Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6) 7 Election Cycle*: 50000 Election Year: 2015 Amount 1 Outstanding indebtedness at the beginning of this reporting period. \mathcal{O} 2 Loans received this reporting period. \odot 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 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*: 50000 Election Year: 215 Amount Outstanding indebtedness at the beginning of this reporting period. O 2 Loans received this reporting period. O Deferred payment of expenses this reporting period 3 \mathcal{O} Payments made on loans this reporting period. 4 O 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)

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Page of D

^{*} 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

State of Georgia

Campaign Contribution Disclosure Report

Itemized Contributions

Note: Loans are no	utions received by a single o longer reported in "Itemiz				
Full Name of Contributor	Contri	ibutor	Election	Cash	In-Kind
Mailing Address			Cycle**	Amount	Contributions
(Affiliation of Committee if any	·	Occupation &			Estimated Value
	Contribution Type*	Employer			Description
First Name or Business Name	Date	Occupation	•	Cash Amt.	Est. Value
Donald		bact-orner			
Douald Last Name	2/9/15	Tusturet 0 MR	☐ Primary ☐ General	100	
		ONE	Special		150 00
Bengland Address	_	media	Special Primary	70.00	
1423 May Ave		V-23-1-4	Run-Off Primary Run-Off General		
Address2	Monetary	Employer	Run-Off Special		Description
	In-Kind	Instant	Run-Off Special		Two -
City A Hanta	A In-Kind	•	Trimary		Sets of 3
State 7in	Common Source	media			letitle Magnet
GA 30316	Credit Received on Loan	media.			Sirks
Aff. Comm.					Description Two- Sets of 3 Vehicle Magnet Signs
First Name or Business Name	Date	Occupation		Cash Amt.	Est, Value
Carolyn		0 0		160	
Last Name		Ketites	☐ Primary ☐ General	5.050.2916.252	
meets	2/19/15	Retired tember - principal	Special		
Address		principal	Special Primary		
			Run-Off Primary Run-Off General		
9 Kinystone RQ. Address2			Run-Off Special		
Address2	Monetary	Employer	Run-Off Special		Description
City	— ☐ In-Kind	Refired	Primary		
Avoudale Estates State Zip	Common Source	10.0			
State Zip 30002-	Credit Received on Loan				
Aff. Comm.					
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name	_		☐ Primary ☐ General	Anna Anna a sa	
			Special		
			Special Primary		
Address			Run-Off Primary Run-Off General		
			Run-Off Special		
Address2	Monetary	Employer	Run-Off Special		Description
	—□ In-Kind		Primary		-
City	<u> </u>				
State Zip	Common Source				
	Credit Received on Loan				
Aff, Comm.		,		7.里带 2.5	
			<u> </u>	1/_1	00 (00)
		Itemized Contribution	ns Page Total \$	160	s 120°11
Public Officer/Candidate/Other Than Cand		Dallett		_4	Page of

Last Name Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm.	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan Date ☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan Date	Employer Occupation Occupation	☐ Primary ☐ General ☐ Special ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off Special ☐ Run-Off Special ☐ Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off General ☐ Run-Off Special	Cash Amt.	Description Est. Value Est. Value
Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan Date ☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Occupation Engagerer	☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off Special ☐ Run-Off Special ☐ Primary ☐ General ☐ Special ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off Special ☐ Primary ☐ Run-Off Special ☐ Primary ☐ Run-Off Special ☐ Run-Off Special ☐ Primary		Est. Value Description
Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan Date ☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Occupation Engagerer	Special Primary Run-Off Primary Run-Off General Run-Off Special Primary General Special Primary Run-Off Primary Run-Off Primary Run-Off Special Primary		Est. Value Description
City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Name Last Name Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan Date ☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Occupation Engagerer	Run-Off General Run-Off Special Run-Off Special Primary General Special Special Primary Run-Off Primary Run-Off Special Run-Off Special Primary		Est. Value Description
City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Name Last Name Address Name Last Name Address Name	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan Date ☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Occupation Engagerer	☐ Run-Off Special Primary ☐ General ☐ Special ☐ Special Primary ☐ Run-Off Primary ☐ Run-Off Special ☐ Run-Off Special ☐ Primary		Est. Value Description
State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Address	Common Source Credit Received on Loan Date Monetary In-Kind Common Source Credit Received on Loan	Enjoyer	Primary General Special Special Primary Run-Off Primary Run-Off Special Run-Off Special Primary		Description
Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm.	Date Date Monetary In-Kind Common Source Credit Received on Loan	Enjoyer	General Special Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary		Description
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm.	Date Monetary In-Kind Common Source Credit Received on Loan	Enjoyer	General Special Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary		Description
Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address2 City State Zip Aff. Comm.	☐ Monetary ☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Enjoyer	General Special Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary		Description
Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Englaster Occupation	General Special Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary	Tash Amt.	
Address Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Englisher	Special Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary	R. S.	
Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Englower Occupation	Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary	Cash Amt.	
Address2 City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Enjager	Run-Off General Run-Off Special Run-Off Special Primary	ira- Cash Amt.	
City State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ In-Kind ☐ Common Source ☐ Credit Received on Loan	Englisher Occupation	Run-Off Special Run-Off Special Primary	Cash Amt.	
State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ Common Source ☐ Credit Received on Loan	Occupation	Primary □ Primary	ira Cash Amt.	
State Zip Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	☐ Common Source ☐ Credit Received on Loan	Occupation	□Primary	2176 Cash Amt.	Est. Value
Aff. Comm. First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	Credit Received on Loan	Occupation		Cash Amt.	Est. Value
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Occupation		Cash Amt.	Est. Value
Last Name Address Address2 City State Zip Aff. Comm.	Date	Occupation		Cash Amt.	Est. Value
Address2 City State Zip Aff. Comm.					
Address2 City State Zip Aff. Comm.		\	II i Comment		
Address2 City State Zip Aff, Comm.			Special		
City State Zip Aff. Comm.	I	\	Special Primary		
City State Zip Aff. Comm.			Run-Off Primary Run-Off General		
State Zip Aff. Comm.	Monetary	Employer	Run-Off Special		Description
Aff. Comm.	☐ In-Kind		Run-Off Special Primary		
Aff. Comm.	Common Source	\			
	Credit Received on Loan				
	Credit Roberved on Eban				
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
f t NT			Primary	· Nell Folkowski	
Last Name			☐ General ☐ Special		
Address	_		Special Primary		
			Run-Off Primary Run-Off General		
Address2	Monetary	Employer	Run-Off Special		Description
City	☐ In-Kind		Run-Off Special Primary	VI.	
State Zip	Common Source		The state of the s		
Aff, Comm.	Credit Received on Loan		South being		
·					

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

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

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

Public Officer/Candidate/Other Than Candidate Committee Name

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		Ţ	Oan Repor	ting	
Name of Lender &		1.Date of Loan 2.Amount of Loan 3.Election Cycle**	2.Amount of Loan repayment of loan &		1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Mailing Address Lender Name (First Name, Business, Inst.)			First Name		1.
Lender Last Na	ame	2.	Last Name		2. NA
Address2		3. Primary General Special Special Primary	Address Address2		3. ☐ Public Officer ☐ Candidate
City	Zip	□ Run-Off Primary □ Run-Off General □ Run-Off Special □ Run-Off Special	City	Zip	Other Than Candidate Committee Name
	First Name, Business, Inst.	Primary) 1.	First Name	246	1. WA
Lender Last Na	me	2.	Last Name		2. VA
Address		3. □ Primary □ General	Address		3. ☐ Public Officer
Address2		☐ Special ☐ Special Primary ☐ Run-Off Primary	Address2		☐ Candidate
City		☐ Run-Off General ☐ Run-Off Special	City		Other Than Candidate Committee Name
State	Zip	Run-Off Special Primary	State	Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total

Public Officer/Candidate/Other Than Candidate Committee Name

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

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

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

CFC-CCDR1/14				
	State of Geor	0		
Can	npaign Contribution D	isclosure Report		
	Itemized Expen	ditures		
	made to a single recipient for whi			
List Name and	Exp. Date	Occupation &	Expenditure	Amount
Mailing Address of Recipient	Exp. Type*	Employer	Purpose	Paid
First Name	Date	Occupation	2 (1-1)	 -
Donal	- lale	Part-owner	2 sets (3)	0
Last Name	2/9/15	Tustout one	of votele majulic signs	
Bergland		media	La Lace	
Address H23 May Ave	Expenditure Au-Kind		ncerjust	
Address2 May Ave	Loan Repayment Refund	Employer	5,500	
78410302	Reimbursement	Tustend		
City	☐ Credit Card ☐ 3rd Party	Tresterry		
Alanta	Deferred Payment Payment on Deferred Expense	one		
State GA Zip 30316	Investment	WCZO4 CC		
Firet Name	Date	Occupation		SERVICE SERVICE
Sign-A-rama		Siew		1706.30
Last Name	2/2/2015	SIGN	Yard signs	
		company	200	
240 Dekalb rad. Way	Expenditure ☐ In-Kind			
Address2	Loan Repayment	Employer		
Addition 2	Reimbursement	Employer		
City	☐ 3rd Party	NA		
December	Deferred Payment Payment on Deferred Expense			
State GVA Zip 30030	Investment			
First Name	Date	Occupation		(中央) (金融)
Last Name				
A 3.1		_ :		
Address	☐ Expenditure ☐ In-Kind			
Address2	Loan Repayment ☐ Refund	Employer		
	Reimbursement			
City	☐ Credit Card ☐ 3rd Party			
	Deferred Payment Payment on Deferred Expense			
State Zip	Investment			
	<u> </u>			HAT STATE OF THE S

Page Total \$ \(\frac{1701-30}{200}\)

* 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

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rage of D

List Name and	Exp. Date	Occupation &	Expenditure	Amount
Mailing Address of Recipient	Exp. Type*	Employer	Purpose	Paid
First Name	Date	Occupation		
Last Name				
Address	Expenditure			
Address2	Loan Repayment Refund Reimbursement	Employer		
City State Zip	Credit Card 3rd Party Deferred Payment Payment on Deferred Expense			
First Name	Date	Occupation		
	+	-		
Last Name				
Address	Benediture In-Kind Loan Repayment			
Address2	Loan Repayment Refund Reimbursement Credit Card	Employer		
City	☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense			
State Zip	Investment			
First Name	Date	Occupation		
Last Name				
Address	Expenditure In-Kind Loan Repayment			
Address2 .	Refund Reimbursement Credit Card	Employer		
City	☐ 3rd Party ☐ Deferred Payment ☐ Payment on Deferred Expense			
State Zip	☐ Investment			
First Name	Date	Occupation		
Last Name	-			
Address	Expenditure In-Kind	1	*	
Address2	☐ Loan Repayment ☐ Refund ☐ Reimbursement	Employer		
City	Credit Card 3rd Party Deferred Payment	N	-	
State Zip	Payment on Deferred Expense			

State	Z1p	III A C 2 (II I G II I			
* Expenditure Type (Exp	enditure, In-Kind, Loan Rep	ayment, Refund, Reimb	oursement, Credit Card, 3rd Party, De	eferred Payment on Deferred	Expense,
	Candidate/Other Than Candi		Page Total \$/		
			Sud-Ht		χ 10
Public Officer/Candidate/O	ther Than Candidate Commi	ttee Name	Judice		Page O of

		State of G	_	_		
	Campa	aign Contributio Investments		-		
1. Investme	nt Name	III (OSTINOACS)		count #	·	 -
Institution/F	Name of the state		Va	lue at beginning of reporting per	iod \$	
	count			Value at end of reporting per	riod \$	
Mailing Add	dress			Difference in va	lue \$	
Address2				Interest Paid C	Tut C	
	O't-					
	City	State Zip		Cash Divide	nds \$	
Investment						
<u>Date</u>	Person(s) Involved in Transaction	Value of investment p	urchased () A	Value of investment sold	<u>Profit</u>	<u>Loss</u>
2. Investmen	it Name		Acc	count #		
Institution/P	erson count		Val	lue at beginning of reporting peri		
		\	\	Value at end of reporting per	10d \$	
Address2	ress		$\setminus $	Difference in val	ue \$	
Address2				Interest Paid C	Out \$,, <u>,</u>
	City	State Zip	\	Cash Divider	rds \$	
Investment T	ransactions		-			
<u>Date</u>	Person(s) Involved in Transaction	Value of investment p	urchased	Value of investment sold	Profit	Loss
Total value o	finvestments at beginning of report	ing period \$	Page Tot	tal Cash Dividends: \$		
Total v	value of investments at end of report	ing period \$				
	Total difference	e in value \$	Page Tot	al Profit: \$		
			Page Tot	tal Loss: \$		

J. Walt

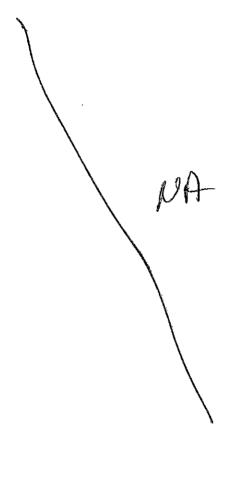
Page of

CFC-CCDR 1/14

State of Georgia Campaign Contribution Disclosure Report Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.

Information that is to be reported in the body of the report should not be listed on Addendum Statement.



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Original

STATE OF GEORGIA PERSONAL FINANCIAL DISCLOSURE STATEMENT

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

Use Earlier of Post Mark or Hand Delivered Date

RECD JAN 2 1 2014

Date of this Stater	1/21/2015		Covering	Calendar Year:	2015	
		James William			Hutchens	
rume of 1 done o	med of Canadate.	First]	Middle		Last
Mailing Address:	25 Kensington Rd	Avonda	ale Estates	DeKalb	GA	30002
Street or P.). Box	City	County	State	Zip code
Telephone Numbe	er: (Office/Home) (4	04) 831-0947		_ (E-Mail) <u>j</u> ir	mhutchens@	msn.com
Name of Public O	ffice Held or Sought:	Mayor of Av	ondale Estate	s Fil	er ID:	
					(Filer II	O that begins with the letter "F
Check One:						
□ Elected	d City or County Offi	cer	🖪 Can	didate for City	or County Of	fice

WHO FILES A FINANCIAL DISCLOSURE STATEMENT:

Each public officer holding office in Georgia, and each person who qualifies as a candidate for election as a public officer for one of the offices listed below, and all others on the following list.

Amendment (Enter date of statement being amended)

- (A) Every constitutional officer;
- (B) Every elected state official:
- (C) The executive head of every state department or agency, whether elected or appointed;
- (D) Each member of the General Assembly;
- (E) Every elected county official, every elected county or area school superintendent, and every elected member of a county or area board of education; and
- (F) Every elected municipal officer.

WHEN TO FILE A FINANCIAL DISCLOSURE STATEMENT:

Public Officer: A Financial Disclosure Statement is filed not before January 1 and not later than July 1 of each year that a public officer holds office (except the year of election). The information to be provided shall be that from the preceding calendar year.

If the public officer chooses not to run for re-election or for another public office no Financial Disclosure Statement need be filed in the year qualifying to succeed him takes place. A public officer shall not be deemed to hold the office in a year in which the public officer holds office for less than 15 days.

Candidate for Public Office: A Financial Disclosure Statement covering the period of the preceding calendar year shall be filed no later than the fifteenth day following the date of qualifying as a candidate. Candidates for state wide office file not later than seven days after qualifying for office. Only one Financial Disclosure Statement is required per calendar year.

Special requirements for State Wide Candidates: Candidates for a public office elected state wide must file their Financial Disclosure Statements not later than seven days after qualifying or filing a notice of candidacy. State wide candidates must disclose more information than other candidates for public office and the additional disclosure sections required of state wide candidates must be completed in the year of election filing.

WHERE TO FILE A FINANCIAL DISCLOSURE STATEMENT:

State /Statewide Office: Georgia Government Transparency & Campaign Finance Commission

County: County Election Superintendent

Municipality: City Clerk or Chief Executive Officer

SECTION I MONETARY FEES RECEIVED

(This section to be completed by Public Officers only)

Identify each monetary fee or honorarium accepted from speaking engagements, participation in seminars, discussion panels, or other activities that directly relate to the official duties of, or to the office of the public officer, with a statement identifying the fee or honorarium and the person from whom it was accepted. (You may attach additional sheets of paper if necessary.)

Identify Fee or Honorarium And Amount Accepted	Identifying Information of Person from Who Accepted
	SECTION II FIDUCIARY POSITIONS
(You may expand this section if necessary to act primarily for another's benefit as of business entity. A fiduciary position may limited partnership, limited liability comp	andidate for public office or the public officer at any time during the covered year. to include all positions.) A fiduciary position is any position imposing a duty ficer, director, manager, partner, guardian, or other designations of general responsibility of a be a paid or unpaid position. A business entity is any corporation, sole proprietorship, partnership, any, limited liability partnership, professional corporation, enterprise, franchise, association, trust, lit or nonprofit . (You may attach additional sheets of paper if necessary.)
I held: ■ No fiduciary positions in any business e □ Fiduciary positions in the following bus	ntity. ness entity(ies).
 Title of each position. Name and address of business en Principal activity of each busines 	
Business entity #1	
Business entity #2	
Business entity #3	
Business entity #4	

I received:

■ No monetary fee or honorarium.

☐ Monetary fee(s) or honoraria as shown below.

SECTION III DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify the name, address and principal activity of any business entity and the office held by and the duties of the candidate for public office or public officer within a business entity any time during the covered year in which a direct ownership interest: (A) Is more than 5 percent of the total interest in the business; or (B) Has a net fair market value of more than \$5,000.00. (You may attach additional sheets of paper if necessary.)

I held:

- ☐ No direct ownership interests in any business entity.
- Direct ownership interests in the following business entity(ies).

IDENTIFY:

- 1. Name and address of business entity.
- 2. Principal activity of business entity.
- 3. The office held by the candidate or the public officer within the business entity.
- 4. The duties of the candidate or the public officer within such business entity.

Business entity #1	Ownership Interests
JWH Engineering, 25 Kensington Rd Avondale Estates, GA 3002	Check One or Both If Applicable
engineering services	■ Ownership interest is more than 5%
owner, principal	- 0 1111 11 11
principal	ket value of more than \$5,000.00
Business entity #2	
	☐ Ownership interest is more than 5%
	☐ Ownership interest has a net fair ma
	ket value of more than \$5,000.00
Business entity #3	
	Ownership interest is more than 5%
	ket value of more than \$5,000.00
Business entity #4	
	☐ Ownership interest is more than 5%
	☐ Ownership interest has a net fair mar
	ket value of more than \$5,000.00
	And the Control of th
Business entity #5	
	☐ Ownership interest is more than 5%
	☐ Ownership interest has a net fair mar-
	ket value of more than \$5,000.00

SECTION IV DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned **or** held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify each tract of real property in which the candidate for public office or public officer has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00. "Fair market" value means the appraised value of the property for ad valorem tax purposes. (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

I had:

- □ No ownership interests with a fair market value in excess of \$5,000.00
- Ownership interests with a fair market value in excess of \$5,000.00

IDENTIFY:

- 1. County where property is located.
- 2. State where property is located.
- 3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1 DeKalb Georgia Home at 25 Kensington Rd, Avondale Estates GA 30002	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #2	□ Between \$100,000.01 and \$200,000
Property #3	☐ Between \$100,000.01 and \$200,000
Property #4	□ Between \$100,000.01 and \$200,000
Property #5	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000

SECTION V SPOUSE'S DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY

Identify each tract of real property in which the filer's spouse has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00 (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

My spouse had:

- □ No ownership interests with a fair market value in excess of \$5,000.00
- Ownership in the following tracts with a fair market value in excess of 5,000.00

IDENTIFY:

- 1. County where property is located.
- 2. State where property is located.
- 3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1 DeKalb	
Georgia	
home at 25 Kensington Rd, Avondale Estates GA 30002	= =====================================
Property #2	
	☐ Between \$5,000 and \$100,000
Property #3	
	☐ Between \$100,000.01 and \$200,000
	☐ More than \$200,000
Property #4	mi vz v od v
Property #5	
	== = = = = = = = = = = = = = = = = = =
	☐ Between \$100,000.01 and \$200,000
	— ☐ More than \$200,000

SECTION VI EMPLOYMENT AND FAMILY MEMBERS

THE POT MINITED TANGET WENT DEAS
Filer's Occupation engineer
Employer's Address 25 Kensington Rd Avondale Estates GA 30002 Employer's Principal Activity, engineering services
Employer's Principal Activity engineering services
Filer's Spouse's Name Cherl Kay Johnston
Spouse's Occupation retired teachDekalb County School System Spouse's Employer retired
Spouse's Employer retired Address of Spouse's Employer Principal Activity of Spouse's Employer
Principal Activity of Spouse's Employer
SECTION VII
INVESTMENT INTERESTS
List the name of any investment (do not list individual stocks and bonds that are held by mutual funds), in which the filer (either individually or with any other legal or natural person or entity) owns a direct ownership interest that: 1. Is more than 5 percent of the total interests in such business or investment, or 2. Has a net fair market value of more than \$5,000.00.
Business or Investment Entity #1 Name
Business or Investment Entity #2 Name
Business or Investment Entity #3 Name
Business or Investment Entity #4 Name
SECTION VIH KNOWN BUSINESS OR INVESTMENT INTERESTS OF SPOUSE AND DEPENDENT CHILDREN
Identify any business or investment known to the filer in which the filer's spouse or dependent children have a direct ownership interest (either individually or with any other legal or natural person or entity) which interest:
 is more than 5 percent of the total interest in the business or investment, has a net fair market value exceeding \$10,000.00, or is one in an entity for which the filer's spouse or a dependent child serves as an officer, director, equitable partner, or trustee.
(Do not list individual stocks and bonds that are held by mutual funds.)
Business or Investment Entity #1 Name
Business or Investment Entity #2 Name
Business or Investment Entity #3 Name
Business or Investment Entity #4 Name

SECTION IX ANNUAL PAYMENTS RECEIVED FROM THE STATE OF GEORGIA

(This section to be completed by Public Officers only)

Identify all annual payments in excess of \$10,000.00 received by the public officer, or by any business entity identified in Section III above, from the State or any agency, department, commission or authority created by the State, and authorized and exempted from disclosure under O.C.G.A. § 45-10-25.

I received: ■ No annual payments in excess of \$10,000.00 from any State entity. □ Annual payments in excess of \$10,000.00 from the below named State entity(ies).	
DENTIFY: 1. Name and address of State entity making the payments. 2. Amount of annual payment. 3. The general nature of the consideration rendered for the payment(s).	
State entity source #1	
tate entity source #2	
VERIFICATION BY OATH OR AFFIRMATION	
State of Georgia Avendale Estates County of DeKacB	
the undersigned, being duly sworn (affirm), depose and say that the information in this statement is complete, true, and correct.	
worn to and subscribed before me on August 20 Signature of Candidate or Public Officer	
Signature of Notary Public PENALTIES: Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics in Government Act shall be guilty of a	
My commission expires 1/18/17	

Georgia Government Transparency & Campaign Finance Commission DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS FORM DOI

ļ	FORM DOI				
	INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.				
1	Today's Date:	1/14/15			
2	Candidate (full name):	JAMES WEHO William Ho-	takens		
	Address:	25 Kensington Rd.			
	City, State, Zip: Avoudale Estecles GA 3000 Z				
	Address: 25 Kensing ton RD. City, State, Zip: Avoudale Estades GA 3000 Z Telephone (optional): 404-832-0947 Email: imhotolieus@usn.com				
3	Select Office Type: Sta	ite County Municipal ild: Mayor (include district, post, or judicial circuit if applicable)	Party Affiliation (optional): ☐ Democrat ☐ Non Partisan ☐ Republican ☐ Other		
4	Incumbent:		Next Election Year:		
	Complet This information does	e sections 5 and 6 ONLY if you have a campaid not register a campaign committee. (Please us	gn committee se Form RC to register.)		
5	Campaign Committee Chairperson (full name):				
	Address:				
	City, State, Zip				
	Email:				
6	Treasurer (full name):				
	Address:				
	City, State, Zip				
	Email:				
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. 1/16/15 Date					

STATEWIJDE STATE LEVEL FILERS MAIL TO:
Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334
LOCAL LEVEL FILERS: file with your local filing entity.