

## 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](http://www.ethics.ga.gov)

<p><b>1. Report Type</b> <small>(Select One)</small></p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p><b>2. Filing is being made on behalf of (Select One):</b></p> <p><b>Candidate or Public Official</b></p> <p>Office Held or Sought <u>Fulton County Board of Commissioners</u> <small>(Include county, municipality, district, post or judicial circuit)</small></p> <p>Filer ID <u>C2011004026</u> <small>(Filer ID that begins with the letter "C")</small></p> <p><b>Organization or Person Other than Candidate's Campaign Committee</b></p> <p>Committee Name: _____</p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand Delivered Date</p> <p style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em; color: red; font-weight: bold;">Fulton County</p> <p style="font-size: 1.5em; color: red; font-weight: bold;">OCT 06 REC'D</p> <p style="font-size: 1.5em; color: blue; font-weight: bold;">A.C.</p> <p style="font-size: 1.2em; color: red; font-weight: bold;">Director of Registration and Elections</p>
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**3. Identifying and Contact Information**

(1) William 'Bill' Edwards (2) October 3, 2014  
*Full Name of Candidate or Other Than Candidate Campaign Committee* *Today's Date*

(3) 141 Pryor Street - Suite 10019 Atlanta GA 30303  
*Mailing Address* *City* *State* *Zip Code*

(4) (404) 612-3079 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) <hr/> <p style="text-align: center;"><b>Supplemental Reporting</b></p> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input checked="" type="checkbox"/> September 30, <u>2014</u> (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)

State of Georgia County of Fulton

I, William 'Bill' Edwards, 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 of the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on OCTOBER 06, 2014

*Signature of Notary Public*

JANUARY 29, 2015

*Commission Expiration*

*Signature of Candidate  
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.	7,430.51	435,868.92
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0.00	0.00
3a	All loans received this reporting period.	0.00	0.00
3b	Interest earned on campaign account this reporting period.	0.00	<b>0.00</b>
3c	Total amount of investments sold this reporting period.	0.00	0.00
3d	Total amount of cash dividends and interest paid out this reporting period.	0.00	<b>0.00</b>
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.	0.00	<b>0.00</b>
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0.00	0.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	7,430.51	435,868.92

**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.	0.00	372,507.34
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0.00	4,934.40
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	0.00	213.12
11	Total expenditures reported this period. (Line 9 + 10)	0.00	5,147.52
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0.00	377,654.86

**INVESTMENTS**

13	Total value of investments held at the beginning of this reporting period.	0.00	0.00
14	Total value of investments held at the end of this reporting period.	0.00	0.00

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	7,430.51	58,214.06
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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>Primary</u> Election Year: <u>2014</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0.00
2	Loans received this reporting period.	0.00
3	Deferred payment of expenses this reporting period	0.00
4	Payments made on loans this reporting period.	0.00
5	Credits received on loans this reporting period	0.00
6	Payments this reporting period on previously deferred expenses.	0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0.00
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		
	Date	Occupation			Description		
First Name or Business Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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	Cash Amt.	Est. Value		
Last Name							
Address							
Address2							
City Atlanta							
State GA	Zip						
Aff. Comm.							
First Name or Business Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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	Cash Amt.	Est. Value		
Last Name							
Address							
Address2							
City							
State	Zip						
Aff. Comm.							
First Name or Business Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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	Cash Amt.	Est. Value		
Last Name							
Address							
Address2							
City							
State	Zip						
Aff. Comm.							

Itemized Contributions Page Total \$ 0.00 \$ 0.00

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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		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name				Date		
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						Date
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						Date
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						Date
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name or Business Name						Date
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
Itemized Contributions Page Total						\$ 0.00

\* 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

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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. <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 \$ <u>0.00</u>

\* 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

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## 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 Uncle Bob's Self Storage Last Name Address 5725 Old National Highway Address2 City College Park State GA      Zip 30349	Date 07-01-2014 <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	Storage Services	1,274.00
First Name Best Print and Design Last Name Address 4187-B Snapfinger Woods Drives Address2 City Decature State GA      Zip 30035	Date 08-06-2014 <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	Campaign Material Printing Expense	2,910.40
First Name Christian Rites of Passage, Inc. Last Name Address P. O. Box 680521 Address2 City Marietta State GA      Zip 30068	Date 08-15-2014 <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		250.00

Page Total \$ 4,434.40

\* 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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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Committee to Elect Michelle Nunn		Date 08-15-2014	Occupation		500.00
Last Name			Employer		
Address P. O. Box 78936		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2			Employer		
City Atlanta			Employer		
State GA	Zip 30357		Employer		
			Employer		
First Name		Date	Occupation		
Last Name			Employer		
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			Employer		
City			Employer		
State	Zip		Employer		
			Employer		
First Name		Date	Occupation		
Last Name			Employer		
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			Employer		
City			Employer		
State	Zip		Employer		
			Employer		
First Name		Date	Occupation		
Last Name			Employer		
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			Employer		
City			Employer		
State	Zip		Employer		
			Employer		

\* 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 \$ 500.00**

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

1. Investment Name NOT APPLICABLE	Account #
Institution/Person Holding Account _____ Mailing Address 141 Pryor Street - Suite 10019 _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

**Investment Transactions**

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

2. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

**Investment Transactions**

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

<u>Total value of investments at beginning of reporting period \$</u>	Page Total Cash Dividends: \$ 0.00
<u>Total value of investments at end of reporting period \$</u>	Page Total Interest Paid Out: \$ 0.00
<u>Total difference in value \$</u>	Page Total Profit: \$ 0.00
	Page Total Loss: \$ 0.00

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**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.

NOT APPLICABLE