

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 Report <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of: (Select One) Candidate or Public Official Office Held or Sought <u>Mayor of Atlanta</u> (Include county, municipality, district, post, or judicial circuit) Filer ID <u>C2016000831</u> Report of Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID _____	Filing office use Only Use Earlier of Post Mark or Hand Delivered Date
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3. Identifying and Contact Information

- (1) Mr. Peter Aman (2) 10/06/2017
Full Name of Candidate or Other Than Candidate Campaign Committee *Today's Date*
- (3) Atlanta GA 30357
Mailing Address *City* *State* *Zip Code*
- (4) (404) 873-3600 and / or _____
Primary Contact Phone Number *E-Mail*
- (5) If a Candidate or Public Official, is there campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports? ☒ Yes ☐ No
- (6) If so, is the Committee registered with the State Ethics Commission? ☒ Yes ☐ No
- (7) If so, complete the following: Peter Aman Eric Hartz
Name of Committee Chairperson *Name of Committee Treasurer*

4. Period for which you are Reporting

You Must Check Only One Box

My Non Election Year	My Election Year	Run-Offs (Report required only if you are in a Run-Off Election)	Special Elections (Report required only if you are in a Special Election)
<input type="checkbox"/> January 31, <u>2017</u> (year) <input type="checkbox"/> June 30, <u>2017</u> (year) Supplemental Reporting <input type="checkbox"/> June 30, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (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, <u>2017</u> (year) <input type="checkbox"/> March 31, <u>2017</u> (year) <input type="checkbox"/> June 30, <u>2017</u> (year) <input checked="" type="checkbox"/> September 30, <u>2017</u> (year) <input type="checkbox"/> October 25, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (year)	<input type="checkbox"/> 6 days before Primary Run-Off, <u>2017</u> (year) <input type="checkbox"/> 6 days before General Run-Off, <u>2017</u> (year) <input type="checkbox"/> 6 days before Special Primary Run-Off, <u>2017</u> (year) <input type="checkbox"/> 6 days before Special Run-Off, <u>2017</u> (year)	<input type="checkbox"/> 15 days before Special Primary, <u>2017</u> (year) <input type="checkbox"/> 15 days before Special, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (year)

Verification by Oath or Affirmation

State of _____

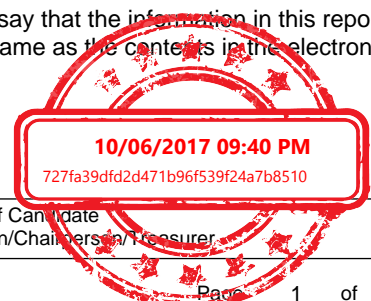
County of _____

I, _____, 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 _____, 20____

Signature of Notary Public _____

Commission Expiration _____

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

 Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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.	\$9,617.40	\$1,656,238.01
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$1,093.79	\$251,741.69
3a	All loans received this reporting period.		\$250,000.00
3b	Interest earned on campaign account this reporting period.		\$0.00
3c	Total amount of investments sold this reporting period.		\$0.00
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of less than \$100.00 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	\$2,686.00
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4).	\$1,093.79	\$504,427.69
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$10,711.19	\$2,160,665.70

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures report:	In-Kind Estimated Value	Cash Amount
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	\$855,059.36
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$679,832.90
10	Total amount of all separate expenditures of less than \$100.00 that were made in this reporting period and not listed on the "Itemized Expenditures" page.	\$0.00	\$1,475.76
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$681,308.66
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$1,536,368.02

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net Balance On Hand. (Line 6 - Line 12 + Line 14)		\$624,297.68
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtedness

Election Cycle*: <u>General</u>		Election Year: <u>2017</u>	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		\$835,024.00
2	Loans received this reporting period		\$250,000.00
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)		\$1,085,024.00

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

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Andrew	Date 09/15/2017	Occupation Real Estate Development	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Aaronson						
Address 3438 Peachtree Rd NE						
Address2 Ste 1425	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Realty Partners			Description	
City Atlanta						
State GA						Zip 30326-1590
Aff. Comm.						
First Name / Business Name Richard	Date 09/23/2017	Occupation Property Manager	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name Aaronson						
Address 3438 Peachtree Rd NE						
Address2 Ste 1425	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Realty Partners Inc.			Description	
City Atlanta						
State GA						Zip 30326-1590
Aff. Comm.						
First Name / Business Name Kevin	Date 09/27/2017	Occupation Consultant	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Abel						
Address 6362 Cherry Tree Ln						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Second Fifty, Inc.			Description	
City Atlanta						
State GA						Zip 30328-3315
Aff. Comm.						

Itemized Contribution Page Total

\$3,850.00

\$0.00

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.
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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 / Business Name Peter	Date 08/31/2017	Occupation Doctor	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Abramson					
Address 1958					
Address2 Gamel Prix	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
City Atlanta					
State GA				Zip 30345	
Aff. Comm.					
First Name / Business Name Cathy	Date 09/07/2017	Occupation Banker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Adams					
Address 1195 Valley Reserve Dr NW					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Federal Home Loan Bank of Atlanta			Description
City Kennesaw					
State GA				Zip 30152-4856	
Aff. Comm.					
First Name / Business Name John	Date 09/07/2017	Occupation software businessperson and investor	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Adams					
Address 1266 W Paces Ferry Rd NW					
Address2 Ste 512	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
City Atlanta					
State GA				Zip 30327-2306	
Aff. Comm.					

Itemized Contribution Page Total

\$601.00

\$0.00

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 / Business Name Thomas E.	Date 09/19/2017	Occupation VP Operations	<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 2017	Cash Amt. \$150.00	Est. Value \$0.00		
Last Name Adams							
Address 3750 Peachtree Rd NE							
Address2 Apt 459		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Charter Communications	<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 Atlanta							
State GA							Zip 30319-1322
Aff. Comm.							
First Name / Business Name Yolanda H	Date 07/31/2017	Occupation City Council Member	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00		
Last Name Adrean							
Address 744 Conway Glen Dr NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer City of Atlanta	<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 Atlanta							
State GA							Zip 30327-3601
Aff. Comm.							
First Name / Business Name Yolanda H	Date 09/11/2017	Occupation City Council Member	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00		
Last Name Adrean							
Address 744 Conway Glen Dr NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer City of Atlanta	<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 Atlanta							
State GA							Zip 30327-3601
Aff. Comm.							

Itemized Contribution Page Total

\$4,150.00

\$0.00

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.
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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 / Business Name Karim	Date 09/20/2017	Occupation Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Ahmad						
Address 857 Courtenay Dr NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TSYS			Description	
City Atlanta						
State GA						Zip 30306-3424
Aff. Comm.						
First Name / Business Name Salma	Date 09/22/2017	Occupation Real Estate Development	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Ahmed						
Address 365 Lum Crowe Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description	
City Roswell						
State GA						Zip 30075-6879
Aff. Comm.						
First Name / Business Name Gee	Date 08/24/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Aldridge						
Address 951 W Conway Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Aldridge Pite LLC			Description	
City Atlanta						
State GA						Zip 30327-3637
Aff. Comm.						

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Deanna	Date 09/25/2017	Occupation Bookkeeper and Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Alexander					Description		
Address PO Box 550173							
Address2							
City Atlanta							
State GA							
Zip 30355-2673					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed, Atlanta Developmental Consultants	
Aff. Comm.							
First Name / Business Name Gary Philip	Date 08/04/2017	Occupation Investment Advisor	<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 2017	Cash Amt. \$500.00			Est. Value \$0.00
Last Name Alexander							Description
Address 8235 Grogans Ferry Rd							
Address2							
City Sandy Springs							
State GA							
Zip 30350-3109					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wells Fargo Advisors	
Aff. Comm.							
First Name / Business Name Gary Philip	Date 08/07/2017	Occupation Investment Advisor	<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 2017	Cash Amt. \$500.00			Est. Value \$0.00
Last Name Alexander							Description
Address 8235 Grogans Ferry Rd							
Address2							
City Sandy Springs							
State GA							
Zip 30350-3109					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wells Fargo Advisors	
Aff. Comm.							

Itemized Contribution Page Total

\$1,101.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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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 / Business Name Andrew	Date 09/07/2017	Occupation Investment Advisor	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Allen								
Address 3700 Northside Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer JAM Capital Partners			Description	
City Atlanta								
State GA								Zip 30305-1035
Aff. Comm.								
First Name / Business Name Chris	Date 09/19/2017	Occupation Investment Advisor	<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 2017	Cash Amt. \$1,250.00	Est. Value \$0.00			
Last Name Allen								
Address 1891 River Forest Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Preservation group			Description	
City Atlanta								
State GA								Zip 30327-2519
Aff. Comm.								
First Name / Business Name Chris	Date 09/30/2017	Occupation Investment Advisor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Allen								
Address 1891 River Forest Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Preservation group			Description	
City Atlanta								
State GA								Zip 30327-2519
Aff. Comm.								

Itemized Contribution Page Total

\$2,351.00

\$0.00

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.
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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 / Business Name Harris	Date 09/30/2017	Occupation Consultant: Health & Health Care	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Allen PhD					
Address 606 Calibre Woods Dr NE					
Address2					
City Atlanta					
State GA					Zip 30329-3944
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Harris			
First Name / Business Name Inman	Date 09/25/2017	Occupation Chairman	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Allen					
Address PO Box 18979					
Address2					
City Atlanta					
State GA					Zip 31126-0979
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ivan Allen			
First Name / Business Name Inman	Date 09/25/2017	Occupation Chairman	<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 2017	Cash Amt. \$1,400.00	Est. Value \$0.00
Last Name Allen					
Address PO Box 18979					
Address2					
City Atlanta					
State GA					Zip 31126-0979
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ivan Allen			

Itemized Contribution Page Total

\$4,101.00

\$0.00

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 / Business Name Ellen M.	Date 09/25/2017	Occupation Teacher	<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 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Aman					
Address 535 Gradyville Rd					
Address2 Unit V-190					
City Newtown Square					
State PA					Zip 19073-2812
Aff. Comm.					
First Name / Business Name Ellen M.	Date 09/30/2017	Occupation Teacher	<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 2017	Cash Amt. \$600.00	Est. Value \$0.00
Last Name Aman					
Address 535 Gradyville Rd					
Address2 Unit V-190					
City Newtown Square					
State PA					Zip 19073-2812
Aff. Comm.					
First Name / Business Name Joshua	Date 07/14/2017	Occupation Retail	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Aman					
Address 13105 Pickering Dr					
Address2					
City Germantown					
State MD					Zip 20874-3805
Aff. Comm.					

Itemized Contribution Page Total

\$950.00

\$0.00

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 / Business Name Richard	Date 08/30/2017	Occupation County Manager	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Anderson					
Address 1101 Pristine Pl					
Address2					
City Alpharetta					
State GA					Zip 30022-1825
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fulton County			Description
First Name / Business Name Gretchen	Date 09/29/2017	Occupation Attorney	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Andrews					
Address 3746 Creekview Ridge Dr					
Address2					
City Buford					
State GA					Zip 30518-8760
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Primerica			Description
First Name / Business Name Angelia Euthinic Doyennes LLC	Date 09/26/2017	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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name					
Address 1700 Enterprise Way SE					
Address2 Ste 101					
City Marietta					
State GA					Zip 30067-9219
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contribution Page Total

\$3,600.00

\$0.00

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 / Business Name Rhona	Date 09/28/2017	Occupation Scientist	<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 2017	Cash Amt. \$200.00	Est. Value \$0.00	
Last Name Applebaum					Description	
Address 40 Putnam Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
City Atlanta						
State GA						Zip 30342-4412
Aff. Comm.						
First Name / Business Name H. Ross	Date 09/28/2017	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00	
Last Name Arnold					Description	
Address 248 The Prado NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
City Atlanta						
State GA						Zip 30309-3336
Aff. Comm.						
First Name / Business Name H. Ross	Date 09/28/2017	Occupation 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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name Arnold					Description	
Address 248 The Prado NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
City Atlanta						
State GA						Zip 30309-3336
Aff. Comm.						

Itemized Contribution Page Total

\$4,200.00

\$0.00

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 / Business Name Lynn A Last Name Aspinall-Henry Address 818 Arnold Mill Rd Address2 City Woodstock State GA Zip 30188-3005 Aff. Comm.	Date 09/18/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Freelance writer Employer Myself	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00 Description
First Name / Business Name Atlanta Utility Construction LLC Last Name Address 4251 E Side Dr Address2 City Decatur State GA Zip 30034-2304 Aff. Comm.	Date 09/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<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 2017	Cash Amt. \$300.00	Est. Value \$0.00 Description
First Name / Business Name Cathy Last Name Barshay Address 1053 Swathmore Dr NW Address2 City Atlanta State GA Zip 30327-3739 Aff. Comm.	Date 09/23/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer Westfall, LLC	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$901.00

\$0.00

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 / Business Name John V	Date 09/24/2017	Occupation Managing Director	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Barton II								
Address 1209 Paces Forest Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer HFF			Description	
City Atlanta								
State GA								Zip 30327-2233
Aff. Comm.								
First Name / Business Name Ramsay	Date 09/29/2017	Occupation Finance	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Battin								
Address 55 Montclair Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Eastside Partners			Description	
City Atlanta								
State GA								Zip 30309-1543
Aff. Comm.								
First Name / Business Name Nadine	Date 09/23/2017	Occupation Physician	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name Becker								
Address 735 River Gate Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Premier Care for Women			Description	
City Atlanta								
State GA								Zip 30350-4621
Aff. Comm.								

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Bilijack	Date 08/31/2017	Occupation Real Estate Broker	<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 2017	Cash Amt. \$300.00	Est. Value \$0.00		
Last Name Bel							
Address 955 Northcliffe Dr							
Address2				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wilson Hall and Neal	Description	
City Atlanta							
State GA							Zip 30318-1639
Aff. Comm.							
First Name / Business Name Mark R	Date 09/13/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00		
Last Name Bell							
Address 2626 Howell Mill Rd NW							
Address2				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired	Description	
City Atlanta							
State GA							Zip 30327-1330
Aff. Comm.							
First Name / Business Name Susan	Date 09/14/2017	Occupation CPA	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00		
Last Name Bell							
Address 852 Castle Falls Dr NE							
Address2				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer EY	Description	
City Atlanta							
State GA							Zip 30329-4114
Aff. Comm.							

Itemized Contribution Page Total

\$1,050.00

\$0.00

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 / Business Name Jeanine	Date 09/27/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Belsky						
Address 5235 Kenbrook Way						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homemaker			Description	
City Atlanta						
State GA						Zip 30327-4969
Aff. Comm.						
First Name / Business Name Kathy	Date 09/06/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Bernhardt						
Address 2575 Peachtree Rd NE						
Address2 # 25AB	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self-employed			Description	
City Atlanta						
State GA						Zip 30305-3694
Aff. Comm.						
First Name / Business Name Ken	Date 09/30/2017	Occupation marketing consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Bernhardt						
Address 2575 Peachtree Rd NE						
Address2 Unit 25AB	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self employed			Description	
City Atlanta						
State GA						Zip 30305-3694
Aff. Comm.						

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Virginia	Date 08/16/2017	Occupation Author	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Blair					Description	
Address 35 Muscogee Ave NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30305-3578
Aff. Comm.						
First Name / Business Name Virginia	Date 09/28/2017	Occupation Author	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Blair					Description	
Address 35 Muscogee Ave NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30305-3578
Aff. Comm.						
First Name / Business Name Colleen	Date 09/24/2017	Occupation Homemaker	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Blau					Description	
Address 4111 Hillside Pl NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self				
City Atlanta						
State GA						Zip 30342-3658
Aff. Comm.						

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Colleen	Date 09/27/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Blau					
Address 4111 Hillside Pl NW					
Address2					
City Atlanta					
State GA					Zip 30342-3658
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			
First Name / Business Name Colleen	Date 09/28/2017	Occupation Homemaker	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Blau					
Address 4111 Hillside Pl NW					
Address2					
City Atlanta					
State GA					Zip 30342-3658
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			
First Name / Business Name Anne	Date 09/24/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Blitch					
Address 1380 Wesley Cir NW					
Address2					
City Atlanta					
State GA					Zip 30327-1821
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Coca-Cola Company			

Itemized Contribution Page Total

\$252.00

\$0.00

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 / Business Name Jane	Date 09/07/2017	Occupation Lawyer	<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 2017	Cash Amt. \$601.00	Est. Value \$0.00
Last Name Blount					
Address 1890 Anjaco Rd NW					
Address2					
City Atlanta					
State GA					Zip 30309-1808
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Coca-Cola Company			Description
First Name / Business Name Theodore I.	Date 09/28/2017	Occupation Attorney	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Blum					
Address 7635 S Spalding Lake Dr					
Address2 3333 Piedmont Road					
City Atlanta					
State GA					Zip 30350-1047
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Greenberg Traurig			Description
First Name / Business Name Mindy	Date 09/20/2017	Occupation Realtor, Atlanta Fine Homes Sotheby's International Realty	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Boggs					
Address 1134 Ferncliff Rd NE					
Address2					
City Atlanta					
State GA					Zip 30324-2525
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Mindy	Date 09/27/2017	Occupation Realtor, Atlanta Fine Homes Sotheby's International Realty	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Boggs					
Address 1134 Ferncliff Rd NE					
Address2					
City Atlanta					
State GA					Zip 30324-2525
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			
First Name / Business Name Cathy	Date 09/05/2017	Occupation Physician	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Bonk					
Address 1979 Tuxedo Ave NE					
Address2					
City Atlanta					
State GA					Zip 30307-1817
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta GynOB			
First Name / Business Name James	Date 09/26/2017	Occupation President	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Borders					
Address 315 Valley Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1026
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Novare Group			

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Kimberly	Date 09/21/2017	Occupation Digital Marketing	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Bouffard					Description	
Address 1012 Bellevue Dr NE						
Address2						
City Atlanta						
State GA						
Zip 30306-3532					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Peter	Date 08/30/2017	Occupation Dentist	<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 2017	Cash Amt. \$250.00		Est. Value \$0.00
Last Name Boulden						Description
Address 5601 Cross Gate Dr						
Address2						
City Atlanta						
State GA						
Zip 30327-4815					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Peter	Date 08/30/2017	Occupation Dentist	<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 2017	Cash Amt. \$250.00		Est. Value \$0.00
Last Name Boulden						Description
Address 5601 Cross Gate Dr						
Address2						
City Atlanta						
State GA						
Zip 30327-4815					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						

Itemized Contribution Page Total

\$601.00

\$0.00

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 / Business Name Jardon T	Date 07/25/2017	Occupation COO	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Bouska					Description
Address 2219 Stephen Long Dr NE					
Address2					
City Atlanta					
State GA					
Zip 30305-4338					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Safe-Guard Products Intl			
First Name / Business Name Jardon T	Date 08/14/2017	Occupation COO	<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 2017	Cash Amt. \$1,300.00	Est. Value \$0.00
Last Name Bouska					Description
Address 2219 Stephen Long Dr NE					
Address2					
City Atlanta					
State GA					
Zip 30305-4338					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Safe-Guard Products Intl			
First Name / Business Name Jardon T	Date 09/14/2017	Occupation COO	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Bouska					Description
Address 2219 Stephen Long Dr NE					
Address2					
City Atlanta					
State GA					
Zip 30305-4338					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Safe-Guard Products Intl			

Itemized Contribution Page Total

\$2,550.00

\$0.00

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 / Business Name Boxwood Securities Corp.	Date 09/29/2017	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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name								
Address 2614 Buford Hwy NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City Atlanta								
State GA								Zip 30324-3110
Aff. Comm.								
First Name / Business Name Frank	Date 08/04/2017	Occupation CFO	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name Boykin								
Address 107 Avery Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Mohawk Industries, Inc.			Description	
City Atlanta								
State GA								Zip 30309-2703
Aff. Comm.								
First Name / Business Name Karen	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00			
Last Name Boykin								
Address 107 Avery Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30309-2703
Aff. Comm.								

Itemized Contribution Page Total

\$3,600.00

\$0.00

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 / Business Name Karen	Date 09/29/2017	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00
Last Name Boykin					
Address 107 Avery Dr NE					
Address2					
City Atlanta					
State GA					Zip 30309-2703
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Anne	Date 09/20/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Breedlove					
Address 646 Old Ivy Rd NE					
Address2					
City Atlanta					
State GA					Zip 30342-4320
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Jim	Date 08/31/2017	Occupation Vice President	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Breedlove					
Address 646 Old Ivy Rd NE					
Address2					
City Atlanta					
State GA					Zip 30342-4320
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fernbank Museum of Natural History			Description

Itemized Contribution Page Total

\$1,751.00

\$0.00

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 / Business Name Emily	Date 09/24/2017	Occupation CrossFit 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 2017	Cash Amt. \$202.00	Est. Value \$0.00			
Last Name Bridgers								
Address 394 McWilliams Ave SE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer CrossFit Terminus			Description	
City Atlanta								
State GA								Zip 30316-1728
Aff. Comm.								
First Name / Business Name Joe	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Brindisi								
Address 110 Mount Paran Rd								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30327-4920
Aff. Comm.								
First Name / Business Name Martha Finn	Date 09/24/2017	Occupation Corporate Director	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name Brooks								
Address 1775 S Ponce De Leon Ave NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Jabil			Description	
City Atlanta								
State GA								Zip 30307-1784
Aff. Comm.								

Itemized Contribution Page Total

\$952.00

\$0.00

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 / Business Name Brookwell Capital Group, LLC	Date 09/05/2017	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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00		
Last Name							
Address 7455 Princeton Trce							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer	<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 Atlanta							
State GA							Zip 30328-1045
Aff. Comm.							
First Name / Business Name Brookwell Capital Group, LLC	Date 09/05/2017	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 checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00		
Last Name							
Address 7455 Princeton Trce							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer	<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 Atlanta							
State GA							Zip 30328-1045
Aff. Comm.							
First Name / Business Name Barbara	Date 09/25/2017	Occupation Self Employed	<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 2017	Cash Amt. \$200.00	Est. Value \$0.00		
Last Name Brown							
Address 738 Conway Glen Dr NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self Employed	<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 Atlanta							
State GA							Zip 30327-3601
Aff. Comm.							

Itemized Contribution Page Total

\$4,200.00

\$0.00

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 / Business Name Bo	Date 09/29/2017	Occupation Real Estate Broker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Brown						
Address 5335 Harrowood Ln						
Address2 Ste 205	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Brown Realty Advisors			Description	
City Atlanta						
State GA						Zip 30327-4812
Aff. Comm.						
First Name / Business Name Christy	Date 09/27/2017	Occupation Executive Leader	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Brown						
Address 222 12th St NE						
Address2 Unit 1708	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ADP			Description	
City Atlanta						
State GA						Zip 30309-4075
Aff. Comm.						
First Name / Business Name Tarby	Date 09/30/2017	Occupation Merchant Banker	<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 2017	Cash Amt. \$125.00	Est. Value \$0.00	
Last Name Bryant						
Address 10145 Big Canoe						
Address2 220 Wake Robin Drive	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Sweetwater Capital Corporation			Description	
City Big Canoe						
State GA						Zip 30143-5118
Aff. Comm.						

Itemized Contribution Page Total

\$1,226.00

\$0.00

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 / Business Name Becky	Date 09/18/2017	Occupation Therapeutic Riding Instructor	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Bunnell					
Address 3055 Nancy Creek Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-1901
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self			
First Name / Business Name Donna	Date 09/28/2017	Occupation Lawyer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Burchfield					
Address 859 Springdale Rd NE					
Address2					
City Atlanta					
State GA					Zip 30306-4617
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name Mary	Date 09/30/2017	Occupation Physician	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Burns					
Address 1000 Foxcroft Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-2624
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed			

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Paul	Date 09/29/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Callahan							
Address 153 Barksdale Dr NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Bain & Company	<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 Atlanta							
State GA							Zip 30309-2723
Aff. Comm.							
First Name / Business Name Mary Frances	Date 09/28/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Callis							
Address 2055 E Lake Rd NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Morgan Stanley	<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 Atlanta							
State GA							Zip 30307-1833
Aff. Comm.							
First Name / Business Name Matthew	Date 09/28/2017	Occupation Attorney	<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 2017	Cash Amt. \$200.00	Est. Value \$0.00		
Last Name Calvert							
Address 600 Peachtree St NE							
Address2 Ste 4100		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Hunton and Williams	<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 Atlanta							
State GA							Zip 30308-2217
Aff. Comm.							

Itemized Contribution Page Total

\$402.00

\$0.00

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 / Business Name Peter	Date 07/07/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Canfield					Description	
Address 2295 Mount Paran Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Jones Day				
City Atlanta						
State GA						Zip 30327-2925
Aff. Comm.						
First Name / Business Name Ian	Date 09/29/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Carlton					Description	
Address 2641 SE Harrison St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ECONorthwest				
City Portland						
State OR						Zip 97214-5541
Aff. Comm.						
First Name / Business Name Blair	Date 08/08/2017	Occupation Financial advisor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Carnahan					Description	
Address 1616 Piedmont Ave NE						
Address2 Apt P16	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wells Fargo				
City Atlanta						
State GA						Zip 30324-5812
Aff. Comm.						

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Natali	Date 09/19/2017	Occupation Teacher	<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 2017	Cash Amt. \$102.00	Est. Value \$0.00	
Last Name Ceniza						
Address 4222 Rickenbacker Dr NE						
Address2 Unit 5	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed			Description	
City Atlanta						
State GA						Zip 30342-3768
Aff. Comm.						
First Name / Business Name A. Russell	Date 09/30/2017	Occupation Founder	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Chandler						
Address 750 Park Ave NE						
Address2 24 N	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Whitehall Group			Description	
City Atlanta						
State GA						Zip 30326-3266
Aff. Comm.						
First Name / Business Name Anna	Date 09/30/2017	Occupation Stay at home mother	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Clement						
Address 4350 Harris Valley Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Home			Description	
City Atlanta						
State GA						Zip 30327-3826
Aff. Comm.						

Itemized Contribution Page Total

\$1,602.00

\$0.00

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 / Business Name Carl Edwin	Date 07/06/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Cloud JR								
Address 572 Collier Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30318-2612
Aff. Comm.								
First Name / Business Name Elizabeth W	Date 09/10/2017	Occupation Consultant	<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 2017	Cash Amt. \$601.00	Est. Value \$0.00			
Last Name Clubb								
Address 105 Ansley Villa Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Kismet Associates			Description	
City Atlanta								
State GA								Zip 30324-4809
Aff. Comm.								
First Name / Business Name Elizabeth W	Date 09/21/2017	Occupation Consultant	<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 2017	Cash Amt. \$21.69	Est. Value \$0.00			
Last Name Clubb								
Address 105 Ansley Villa Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Kismet Associates			Description	
City Atlanta								
State GA								Zip 30324-4809
Aff. Comm.								

Itemized Contribution Page Total

\$723.69

\$0.00

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 / Business Name Peter	Date 09/29/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Coffman					
Address 1110 E Club Ln NE					
Address2					
City Atlanta					
State GA					Zip 30319-1132
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Thompson Hine			Description
First Name / Business Name Bruce	Date 09/15/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Cohen					
Address 1315 Beechwood Hills Ct NW					
Address2					
City Atlanta					
State GA					Zip 30327-3133
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Vision Properties			Description
First Name / Business Name S.B.	Date 09/15/2017	Occupation Doctor	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Cohen					
Address 881 Somerset Dr NW					
Address2					
City Atlanta					
State GA					Zip 30327-3732
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Michael	Date 08/31/2017	Occupation Managing Director	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Cohn					
Address 4791 Taylors Ct					
Address2					
City Marietta					
State GA					Zip 30068-2177
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Techstars Atlanta			
First Name / Business Name Alan	Date 09/29/2017	Occupation Executive	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Colberg					
Address 88 Lexington Ave					
Address2 Apt 1706					
City New York					
State NY					Zip 10016-8908
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Assurant Inc.			
First Name / Business Name Donald	Date 08/16/2017	Occupation Sales	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Conrad					
Address 776 Wesley Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3933
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Vertical VAR			

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Laurie	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Cotton-Smith					
Address 506 Durand Dr NE					
Address2					
City Atlanta					
State GA					Zip 30307-1110
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name Clay	Date 09/26/2017	Occupation Private Equity	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Courts					
Address 3159 Marne Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-1931
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Investment Company			
First Name / Business Name Richard	Date 09/29/2017	Occupation President	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Courts II					
Address 3050 Peachtree Rd NW					
Address2 3050 Peachtree Road NW					
City Atlanta					
State GA					Zip 30305-2212
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Investment Company			

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Robert S.	Date 09/06/2017	Occupation Businessman	<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 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name Cramer Jr					
Address 2613 Arlene Way NE					
Address2					
City Atlanta					
State GA					Zip 30305-3801
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Social123, Inc.			Description
First Name / Business Name Stacy	Date 09/20/2017	Occupation Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Crane					
Address 5525 New Wellington Close					
Address2					
City Atlanta					
State GA					Zip 30327-4878
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Winter Properties			Description
First Name / Business Name Stacy	Date 09/28/2017	Occupation Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Crane					
Address 5525 New Wellington Close					
Address2					
City Atlanta					
State GA					Zip 30327-4878
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Winter Properties			Description

Itemized Contribution Page Total

\$402.00

\$0.00

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 / Business Name Steve	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$125.00	Est. Value \$0.00	
Last Name Creel						
Address 98 Interlochen Dr NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30342-3702
Aff. Comm.						
First Name / Business Name David	Date 07/19/2017	Occupation Business 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 2017	Cash Amt. \$150.00	Est. Value \$0.00	
Last Name Crim						
Address 385 Elden Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BetterCE			Description	
City Atlanta						
State GA						Zip 30342-2085
Aff. Comm.						
First Name / Business Name Jeannie Jordan	Date 09/30/2017	Occupation realtor	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Crim						
Address 4621 Dudley Ln						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Specialists in marketing real estate.			Description	
City Atlanta						
State GA						Zip 30327-3304
Aff. Comm.						

Itemized Contribution Page Total

\$325.00

\$0.00

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 / Business Name David	Date 08/14/2017	Occupation CEO	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name Cummings					Description	
Address 189 Pineland Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta Ventures				
City Atlanta						
State GA						Zip 30342-4016
Aff. Comm.						
First Name / Business Name Benjamin	Date 08/14/2017	Occupation Real Estate Developer	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Curran					Description	
Address 55 Lake Forrest Ln NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Realty Partners, Inc.				
City Atlanta						
State GA						Zip 30342-3207
Aff. Comm.						
First Name / Business Name Benjamin	Date 09/30/2017	Occupation Real Estate Developer	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Curran					Description	
Address 55 Lake Forrest Ln NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Realty Partners, Inc.				
City Atlanta						
State GA						Zip 30342-3207
Aff. Comm.						

Itemized Contribution Page Total

\$3,600.00

\$0.00

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 / Business Name Walter	Date 09/28/2017	Occupation Physician	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Curran Jr					
Address 242 The Prado NE					
Address2					
City Atlanta					
State GA					Zip 30309-3336
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Emory University			Description
First Name / Business Name Bradley	Date 08/03/2017	Occupation 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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Currey					
Address 3750 Peachtree Rd NE					
Address2 # 280					
City Atlanta					
State GA					Zip 30319-1322
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Ann Q.	Date 09/25/2017	Occupation Consultant	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Curry					
Address 330 Camden Rd NE					
Address2					
City Atlanta					
State GA					Zip 30309-1513
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cox & Curry & Assoc.			Description

Itemized Contribution Page Total

\$3,850.00

\$0.00

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 / Business Name John F.	Date 08/18/2017	Occupation Surgeon	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00		
Last Name Dalton IV							
Address 222 14th St NE							
Address2 Apt 403					<input checked="" type="checkbox"/> Monetary	Employer Self-employed	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30309-7683					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Calvin	Date 09/27/2017	Occupation UPS 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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00		
Last Name Darden							
Address 11235 Stroup Rd							
Address2 201 The Candler Building					<input checked="" type="checkbox"/> Monetary	Employer UPS Retired	
City Roswell					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30075-2223					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Nancy K	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Daves							
Address 195 14th St NE							
Address2 Ph 502					<input checked="" type="checkbox"/> Monetary	Employer NOAA	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30309-2681					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							

Itemized Contribution Page Total

\$1,351.00

\$0.00

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 / Business Name Carol	Date 09/28/2017	Occupation Hill Street Warehouse	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Deady						
Address 66 Westminster Dr NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Owner			Description	
City Atlanta						
State GA						Zip 30309-3329
Aff. Comm.						
First Name / Business Name Clark H	Date 09/29/2017	Occupation Real Estate	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Dean						
Address 411 W Wesley Rd NW						
Address2 Ste 1000	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Transwestern			Description	
City Atlanta						
State GA						Zip 30305-3531
Aff. Comm.						
First Name / Business Name Nathan	Date 09/17/2017	Occupation Strategy Consulting	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name DeLuke						
Address 2636 Arlene Way NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain & Company			Description	
City Atlanta						
State GA						Zip 30305-3802
Aff. Comm.						

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Heidi	Date 09/28/2017	Occupation Consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Deringer						
Address 3036 Greendale Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain & Company			Description	
City Atlanta						
State GA						Zip 30327-1609
Aff. Comm.						
First Name / Business Name Eileen Marie	Date 09/26/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Desai						
Address 5 Wieuca Trce NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homemaker			Description	
City Atlanta						
State GA						Zip 30342-3856
Aff. Comm.						
First Name / Business Name Alok	Date 07/04/2017	Occupation President	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Deshpande						
Address 120 Wembley Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SmartPath			Description	
City Atlanta						
State GA						Zip 30328-6760
Aff. Comm.						

Itemized Contribution Page Total

\$651.00

\$0.00

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 / Business Name Alok	Date 09/30/2017	Occupation President	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Deshpande					
Address 120 Wembley Ct					
Address2					
City Atlanta					
State GA					Zip 30328-6760
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SmartPath			
First Name / Business Name Joni	Date 07/09/2017	Occupation Director of Partnerships	<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 2017	Cash Amt. \$0.00	Est. Value \$1,093.79
Last Name Deus					
Address 1445 N Highland Ave NE					
Address2					
City Atlanta					
State GA					Zip 30306-3358
Aff. Comm.					
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Mailchimp			Description Food and beverage for reception
First Name / Business Name Joni	Date 08/15/2017	Occupation Director of Partnerships	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Deus					
Address 1445 N Highland Ave NE					
Address2					
City Atlanta					
State GA					Zip 30306-3358
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Mailchimp			Description

Itemized Contribution Page Total

\$1,101.00

\$1,093.79

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 / Business Name Joni	Date 09/30/2017	Occupation Director of Partnerships	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Deus					
Address 1445 N Highland Ave NE					
Address2					
City Atlanta					
State GA					Zip 30306-3358
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Mailchimp			
First Name / Business Name Barbarella	Date 09/29/2017	Occupation VP community affairs	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Diaz					
Address 5501 Fulton Industrial Blvd SW					
Address2					
City Atlanta					
State GA					Zip 30336-2677
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer diaz foods			
First Name / Business Name Rachel	Date 09/19/2017	Occupation Stay at home mom	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Dinerman					
Address 2420 Spalding Dr					
Address2					
City Atlanta					
State GA					Zip 30350-3617
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer None			

Itemized Contribution Page Total

\$1,050.00

\$0.00

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 / Business Name Tammy	Date 09/26/2017	Occupation VP of Connector and Alliance Partnerships	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Driggers						
Address 3342 Harrison Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Equifax				
City Atlanta						
State GA				Zip 30344-5023		
Aff. Comm.						
First Name / Business Name Cydnee	Date 09/19/2017	Occupation Executive Recruiter	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Dubrof						
Address 850 Piedmont Ave NE						
Address2 Unit 3308	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Dubrof Group, LLC				
City Atlanta						
State GA				Zip 30308-1496		
Aff. Comm.						
First Name / Business Name Billy	Date 09/29/2017	Occupation Consulting	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Dukes						
Address 11 Vernon Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self				
City Atlanta						
State GA				Zip 30305-2963		
Aff. Comm.						

Itemized Contribution Page Total

\$800.00

\$0.00

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 / Business Name Jennifer	Date 09/19/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Duncan					
Address 447 Broadland Rd NW					
Address2					
City Atlanta					
State GA					Zip 30342-3606
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self			Description
First Name / Business Name Julianne	Date 09/04/2017	Occupation VP Marketing & Communication	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Dykes					
Address 1672 Dekalb Ave NE					
Address2 Unit 3					
City Atlanta					
State GA					Zip 30307-2161
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Anisa International			Description
First Name / Business Name Sari	Date 09/13/2017	Occupation Writer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Earl					
Address 607 Conway Forest Dr NW					
Address2 4049318729					
City Atlanta					
State GA					Zip 30327-3550
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description

Itemized Contribution Page Total

\$303.00

\$0.00

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 / Business Name Zachary	Date 09/25/2017	Occupation Attorney	<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 2017	Cash Amt. \$150.00	Est. Value \$0.00	
Last Name Eastman						
Address 1230 Peachtree St NE						
Address2 Promenade Suite 3540	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Atlanta						
State GA						Zip 30309-3574
Aff. Comm.						
First Name / Business Name Anne	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$200.00	Est. Value \$0.00	
Last Name Ederington						
Address 3747 Peachtree Rd NE						
Address2 Apt 2422	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30319-1350
Aff. Comm.						
First Name / Business Name Roderick	Date 09/29/2017	Occupation Attorney	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Edmond						
Address 344 Woodward Ave SE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer EDMOND, LINDAY & HOFFLER, LLP			Description	
City Atlanta						
State GA						Zip 30312-2240
Aff. Comm.						

Itemized Contribution Page Total

\$1,350.00

\$0.00

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 / Business Name Sharon	Date 09/29/2017	Occupation Software Engineer	<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 2017	Cash Amt. \$150.00	Est. Value \$0.00	
Last Name Edwards					Description	
Address 3541 Kingsboro Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Delta Gloabal Services				
City Atlanta						
State GA						Zip 30319-1310
Aff. Comm.						
First Name / Business Name Kathy Lane	Date 09/25/2017	Occupation Executive	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00	
Last Name Eichenblatt					Description	
Address 2924 Arden Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Smart Door & Delivery				
City Atlanta						
State GA						Zip 30327-1264
Aff. Comm.						
First Name / Business Name Annika	Date 09/19/2017	Occupation Info requested	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Eichenlaub					Description	
Address 822 Wellesley Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Info requested				
City Atlanta						
State GA						Zip 30305-3921
Aff. Comm.						

Itemized Contribution Page Total

\$453.00

\$0.00

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 / Business Name Jeffrey	Date 09/30/2017	Occupation Lawyer	<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 2017	Cash Amt. \$2,500.00	Est. Value \$0.00
Last Name Ellman					
Address 725 Glengate Pl					
Address2					
City Atlanta					
State GA					Zip 30328-7259
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Jones Day			Description
First Name / Business Name Kelley	Date 09/14/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Ellman					
Address 725 Glengate Pl					
Address2					
City Atlanta					
State GA					Zip 30328-7259
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer None			Description
First Name / Business Name Kelley	Date 09/29/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,100.00	Est. Value \$0.00
Last Name Ellman					
Address 725 Glengate Pl					
Address2					
City Atlanta					
State GA					Zip 30328-7259
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer None			Description

Itemized Contribution Page Total

\$4,600.00

\$0.00

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 / Business Name Kelley	Date 09/29/2017	Occupation Homemaker	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00			
Last Name Ellman								
Address 725 Glengate Pl								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer None			Description	
City Atlanta								
State GA								Zip 30328-7259
Aff. Comm.								
First Name / Business Name Peter	Date 09/28/2017	Occupation Director	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name Emmons								
Address 3405 Old Plantation Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The Galloway School			Description	
City Atlanta								
State GA								Zip 30327-2425
Aff. Comm.								
First Name / Business Name Joseph	Date 09/28/2017	Occupation Banker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Evans								
Address 4270 W Club Ln NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer State Bank and Trust Company			Description	
City Atlanta								
State GA								Zip 30319-1140
Aff. Comm.								

Itemized Contribution Page Total

\$2,900.00

\$0.00

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 / Business Name Jill Wrona	Date 09/24/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Exler					
Address 1416 Ashford Creek Cir NE					
Address2					
City Brookhaven					
State GA					Zip 30319-5062
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homemaker			Description
First Name / Business Name Elisa	Date 09/20/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ezor					
Address 3825 Dumbarton Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-2619
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Martha	Date 09/30/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Fair					
Address 4508 Club Dr NE					
Address2					
City Atlanta					
State GA					Zip 30319-1124
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer None			Description

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Andrea	Date 09/22/2017	Occupation Attorney	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Farley						
Address 429 Broadland Rd NW						
Address2						
City Atlanta						
State GA					Zip 30342-3606	
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Troutman Sanders LLP			Description	
First Name / Business Name William	Date 09/27/2017	Occupation Executive	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name Faulk						
Address 3515 Ridgewood Rd NW						
Address2						
City Atlanta						
State GA					Zip 30327-2419	
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Chick-fil-A			Description	
First Name / Business Name Maria	Date 09/22/2017	Occupation Manager	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Fernandez						
Address 1108 Judith Way NE						
Address2						
City Atlanta						
State GA					Zip 30324-2905	
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Equifax			Description	

Itemized Contribution Page Total

\$3,600.00

\$0.00

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 / Business Name Maria	Date 09/28/2017	Occupation Research	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Fernandez					
Address 1108 Judith wat					
Address2					
City Atlanta					
State GA					Zip 30324
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Equifax			Description
First Name / Business Name Kristin	Date 09/30/2017	Occupation Consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ficery					
Address 506 Argonne Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-2839
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Accenture			Description
First Name / Business Name Brian	Date 09/25/2017	Occupation Investor	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Fields					
Address 815 Powers Point Ct					
Address2					
City Atlanta					
State GA					Zip 30327-4294
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Stuart	Date 09/30/2017	Occupation Restaurateur	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Fierman								
Address 2529 Westminster Heath NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Fifth Group Restaurants			Description	
City Atlanta								
State GA								Zip 30327-1449
Aff. Comm.								
First Name / Business Name Wendy	Date 09/28/2017	Occupation Investment Mgmt	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Fisher								
Address 1680 Bay Laurel Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Etiga Fund LLC			Description	
City Menlo Park								
State CA								Zip 94025-5830
Aff. Comm.								
First Name / Business Name Anna K	Date 08/02/2017	Occupation Consultant	<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 2017	Cash Amt. \$100.00	Est. Value \$0.00			
Last Name Foote								
Address 800 Peachtree St NE								
Address2 Apt 8317		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self Employed			Description	
City Atlanta								
State GA								Zip 30308-1253
Aff. Comm.								

Itemized Contribution Page Total

\$600.00

\$0.00

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 / Business Name Ruth Anne A	Date 09/28/2017	Occupation 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 2017	Cash Amt. \$150.00	Est. Value \$0.00	
Last Name Foote						
Address 3750 Peachtree Rd NE						
Address2 Apt 717	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30319-1322
Aff. Comm.						
First Name / Business Name Ronda	Date 09/13/2017	Occupation 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 2017	Cash Amt. \$202.00	Est. Value \$0.00	
Last Name Fox						
Address 2250 Matthews St NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Brookhaven						
State GA						Zip 30319-3809
Aff. Comm.						
First Name / Business Name Robert	Date 09/26/2017	Occupation insurance	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Franco						
Address 645 Widgeon Ln						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer manning & nozick insurance			Description	
City Atlanta						
State GA						Zip 30327-4759
Aff. Comm.						

Itemized Contribution Page Total

\$852.00

\$0.00

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 / Business Name Susan	Date 09/30/2017	Occupation Interior Designer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Franco					Description
Address 3901 N Stratford Rd NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Franco & Murphy			
Address2					
City Atlanta					
State GA			Zip 30342-3917		
Aff. Comm.					
First Name / Business Name Mark	Date 08/31/2017	Occupation Real Estate Brokerage and Investments	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Frank					Description
Address 6125 Old Hickory Pt	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Capstone Commercial Real Estate, LLC			
Address2					
City Atlanta					
State GA			Zip 30328-3616		
Aff. Comm.					
First Name / Business Name Melissa E "Missy"	Date 09/01/2017	Occupation CRE Originations	<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 2017	Cash Amt. \$125.00	Est. Value \$0.00
Last Name Frank					Description
Address 2479 Peachtree Rd NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Deutsche Bank Securities, Inc.			
Address2 Apt 1803					
City Atlanta					
State GA			Zip 30305-4100		
Aff. Comm.					

Itemized Contribution Page Total

\$726.00

\$0.00

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 / Business Name Dorothy	Date 09/20/2017	Occupation Attorney	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00
Last Name Franzoni					
Address 157 Rumson Rd NE					
Address2					
City Atlanta					
State GA					Zip 30305-3163
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Eversheds Sutherland (US) LLP			Description
First Name / Business Name Susan	Date 09/29/2017	Occupation Financial Advisor	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Freeman					
Address 85 Peachtree Cir NE					
Address2 peachtree circle ne					
City Atlanta					
State GA					Zip 30309-3556
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Northwestern Mutual			Description
First Name / Business Name Garner Road Properties LLC	Date 09/25/2017	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 2017	Cash Amt. \$2,500.00	Est. Value \$0.00
Last Name					
Address 5173 Pelican Dr					
Address2					
City College Park					
State GA					Zip 30349-5979
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contribution Page Total

\$2,952.00

\$0.00

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 / Business Name Greg	Date 09/30/2017	Occupation Consultant	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Gerstenhaber					Description
Address 3229 Marquette St					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain & Company			
City Dallas					
State TX Zip 75225-4836					
Aff. Comm.					
First Name / Business Name Jennifer	Date 08/24/2017	Occupation Higher Education	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Gerz-Escandón					Description
Address 552 Oakdale Rd NE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer UNC			
City Atlanta					
State GA Zip 30307-1606					
Aff. Comm.					
First Name / Business Name Jennifer	Date 09/30/2017	Occupation Higher Education	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Gerz-Escandón					Description
Address 552 Oakdale Rd NE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer UNC			
City Atlanta					
State GA Zip 30307-1606					
Aff. Comm.					

Itemized Contribution Page Total

\$601.00

\$0.00

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 / Business Name Andrew L.	Date 09/20/2017	Occupation Executive Managing Director	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ghertner					
Address 1820 Peachtree St NW					
Address2 Unit 1501					
City Atlanta					
State GA					Zip 30309-8402
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cushman & Wakefield			
First Name / Business Name Kristen	Date 09/17/2017	Occupation Operations Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Gibbs					
Address 3399 Habersham Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1172
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TriStar Real Estate Investment			
First Name / Business Name Roxanne	Date 09/19/2017	Occupation Volunteer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Giles Smith					
Address 2405 Woodward Way NW					
Address2					
City Atlanta					
State GA					Zip 30305-4047
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer None			

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Fredericka	Date 09/06/2017	Occupation CEO	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00			
Last Name Goldenberg								
Address 2640 Howell Mill Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer G4 Performance Training			Description	
City Atlanta								
State GA								Zip 30327-1330
Aff. Comm.								
First Name / Business Name Gregg	Date 09/05/2017	Occupation Realestate	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00			
Last Name Goldenberg								
Address 2640 Howell Mill Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Ardent Companies			Description	
City Atlanta								
State GA								Zip 30327-1330
Aff. Comm.								
First Name / Business Name Gregg	Date 09/14/2017	Occupation Realestate	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00			
Last Name Goldenberg								
Address 2640 Howell Mill Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Ardent Companies			Description	
City Atlanta								
State GA								Zip 30327-1330
Aff. Comm.								

Itemized Contribution Page Total

\$6,600.00

\$0.00

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 / Business Name Josh	Date 09/28/2017	Occupation Broker	<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 2017	Cash Amt. \$1,500.00	Est. Value \$0.00			
Last Name Goldfarb								
Address 2817 Dover Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Cushman Wakefiled			Description	
City Atlanta								
State GA								Zip 30327-1209
Aff. Comm.								
First Name / Business Name Aaron	Date 09/27/2017	Occupation Real Estate	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Goldman								
Address 1760 Merton Rd NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Perennial Properties			Description	
City Atlanta								
State GA								Zip 30306-3006
Aff. Comm.								
First Name / Business Name Jenn	Date 09/20/2017	Occupation Innovation Design consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Graham								
Address 670 Willoughby Way NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Aha! Strategy			Description	
City Atlanta								
State GA								Zip 30312-1113
Aff. Comm.								

Itemized Contribution Page Total

\$2,601.00

\$0.00

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 / Business Name Bernard	Date 09/21/2017	Occupation Investor	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Gray					
Address 705 Fairfield Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-3223
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
First Name / Business Name Lauren Gold	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Grien					
Address 2 The Prado NE					
Address2 Number 6					
City Atlanta					
State GA					Zip 30309-3300
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Alston & Bird			Description
First Name / Business Name Gyl	Date 09/01/2017	Occupation Steel executive	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Grinberg					
Address 6325 Riverside Dr					
Address2					
City Sandy Springs					
State GA					Zip 30328-3646
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Val-Fit			Description

Itemized Contribution Page Total

\$2,250.00

\$0.00

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 / Business Name Robert	Date 09/07/2017	Occupation CPA	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Guido						
Address 1800 Nancy Creek Blf NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30327-1912
Aff. Comm.						
First Name / Business Name Russ	Date 09/30/2017	Occupation Consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Hagey						
Address 2324 Vallejo St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain & Company			Description	
City San Francisco						
State CA						Zip 94123-4712
Aff. Comm.						
First Name / Business Name Paula	Date 09/21/2017	Occupation Office Administration	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Halter						
Address 708 Wilson Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Atlanta						
State GA						Zip 30318-1719
Aff. Comm.						

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Anne	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Haltiwanger					Description	
Address 3750 Peachtree Rd NE						
Address2 Apt 174	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
City Atlanta						
State GA						Zip 30319-1322
Aff. Comm.						
First Name / Business Name Jack	Date 07/06/2017	Occupation Insurance Underwriter	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Hammond					Description	
Address 1429 McLendon Ave NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AIG				
City Atlanta						
State GA						Zip 30307-2128
Aff. Comm.						
First Name / Business Name Jack	Date 09/29/2017	Occupation Insurance Underwriter	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Hammond					Description	
Address 1429 McLendon Ave NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AIG				
City Atlanta						
State GA						Zip 30307-2128
Aff. Comm.						

Itemized Contribution Page Total

\$252.00

\$0.00

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 / Business Name Gillian	Date 09/27/2017	Occupation Chief Operations Officer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Harper					
Address 441 Marietta St NW					
Address2					
City Atlanta					
State GA					Zip 30313-1726
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed			
First Name / Business Name Gillian	Date 09/28/2017	Occupation Chief Operations Officer	<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 2017	Cash Amt. \$25.00	Est. Value \$0.00
Last Name Harper					
Address 441 Marietta St NW					
Address2					
City Atlanta					
State GA					Zip 30313-1726
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed			
First Name / Business Name John T	Date 09/29/2017	Occupation Executive	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Hartman					
Address 2129 Mount Paran Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-2923
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Equifax, Inc.			

Itemized Contribution Page Total

\$626.00

\$0.00

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 / Business Name Kealy	Date 09/20/2017	Occupation Director	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Hartman					
Address 2129 Mount Paran Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-2923
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer PlayOn Sports			Description
First Name / Business Name Melissa	Date 09/22/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Helms Buckner					
Address 1415 N Harris Rdg					
Address2					
City Atlanta					
State GA					Zip 30327-4423
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TBG Residential			Description
First Name / Business Name Jennifer	Date 09/24/2017	Occupation CFO	<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 2017	Cash Amt. \$505.00	Est. Value \$0.00
Last Name Henn					
Address 835 Overhill Ct					
Address2					
City Atlanta					
State GA					Zip 30328-3660
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wellspring Living			Description

Itemized Contribution Page Total

\$1,106.00

\$0.00

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 / Business Name Virginia A.	Date 08/25/2017	Occupation Director and investor	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Hepner					
Address 1155 Citadel Dr NE					
Address2					
City Atlanta					
State GA					Zip 30324-3815
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self-employed			Description
First Name / Business Name Virginia A.	Date 09/29/2017	Occupation Director and investor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Hepner					
Address 1155 Citadel Dr NE					
Address2					
City Atlanta					
State GA					Zip 30324-3815
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self-employed			Description
First Name / Business Name William	Date 09/07/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Herrell					
Address 2371 Rugby Ave					
Address2					
City College Park					
State GA					Zip 30337-1020
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Sherri	Date 09/25/2017	Occupation Info requested	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Herrick					Description	
Address 3383 Knollwood Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Info requested				
City Atlanta						
State GA						Zip 30305-1017
Aff. Comm.						
First Name / Business Name Jeff A.	Date 09/29/2017	Occupation CEO	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Hilimire					Description	
Address 2097 Abby Ln NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dragon Army				
City Atlanta						
State GA						Zip 30345-3514
Aff. Comm.						
First Name / Business Name Michal	Date 09/20/2017	Occupation community volunteer	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Hillman					Description	
Address 2898 Sequoyah Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self				
City Atlanta						
State GA						Zip 30327-1806
Aff. Comm.						

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Megan	Date 09/25/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Holder						
Address 397 Sinclair Ave NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer JACOBS			Description	
Address2						
City Atlanta						
State GA						Zip 30307-1948
Aff. Comm.						
First Name / Business Name Samuel	Date 09/24/2017	Occupation Commercial Real Estate	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Hollis						
Address 2902 Wyngate Dr NW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cushman & Wakefield			Description	
Address2						
City Atlanta						
State GA						Zip 30305-2836
Aff. Comm.						
First Name / Business Name Elizabeth	Date 09/30/2017	Occupation attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Holmes						
Address 3020 Rockingham Dr NW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Pope McGlamry PC			Description	
Address2						
City Atlanta						
State GA						Zip 30327-1233
Aff. Comm.						

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Alexander Nalley	Date 09/27/2017	Occupation Real Estate Agent	<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 2017	Cash Amt. \$1,350.00	Est. Value \$0.00			
Last Name Holt								
Address 560 Valley Green Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Avalon Real Estate Partners			Description	
City Atlanta								
State GA								Zip 30342-3432
Aff. Comm.								
First Name / Business Name Robert	Date 09/27/2017	Occupation Attorney at Law	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Holt								
Address 100 Galleria Pkwy SE								
Address2 Ste 1800		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer HOLT NEY ZATCOFF & WASSERMAN LLP		Description		
City Atlanta								
State GA							Zip 30339-5960	
Aff. Comm.								
First Name / Business Name Daniel	Date 09/30/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Hong								
Address 243 E 71st St								
Address2 Apt 1		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Bain & Company, Inc.		Description		
City New York								
State NY							Zip 10021-4510	
Aff. Comm.								

Itemized Contribution Page Total

\$1,701.00

\$0.00

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 / Business Name Walker	Date 08/25/2017	Occupation Executive	<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 2017	Cash Amt. \$40.00	Est. Value \$0.00	
Last Name Houk					Description	
Address 4855 Northway Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30342-2425
Aff. Comm.						
First Name / Business Name Walker	Date 09/14/2017	Occupation Executive	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Houk					Description	
Address 4855 Northway Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30342-2425
Aff. Comm.						
First Name / Business Name Walker	Date 09/30/2017	Occupation Executive	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Houk					Description	
Address 4855 Northway Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30342-2425
Aff. Comm.						

Itemized Contribution Page Total

\$191.00

\$0.00

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 / Business Name Todd	Date 09/27/2017	Occupation Executive	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name House						
Address 3934 Powers Ferry Rd NW						
Address2						
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fleetcor			Description	
State GA						Zip 30342-4026
Aff. Comm.						
First Name / Business Name Jo	Date 08/31/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Hunsinger						
Address 47 Woodcrest Ave NE						
Address2						
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Unemployed			Description	
State GA						Zip 30309-1535
Aff. Comm.						
First Name / Business Name IGR Consulting LLC	Date 09/06/2017	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 2017	Cash Amt. \$75.00	Est. Value \$0.00	
Last Name						
Address 2966 Waverly Ct SE						
Address2						
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description	
State GA						Zip 30339-4200
Aff. Comm.						

Itemized Contribution Page Total

\$825.00

\$0.00

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 / Business Name Leslie	Date 09/30/2017	Occupation Artist	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Irvine						
Address 3420 Wood Valley Rd NW						
Address2						
City Atlanta						
State GA						Zip 30327-1518
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary	Employer Self			Description	
	<input type="checkbox"/> Inkind					
	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
First Name / Business Name Cheryl	Date 09/28/2017	Occupation Production Accounting	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Jenkins						
Address 977 Ponce De Leon Ave NE						
Address2 Ste 201						
City Atlanta						
State GA						Zip 30306-4298
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary	Employer PACS international			Description	
	<input type="checkbox"/> Inkind					
	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
First Name / Business Name Bob	Date 08/18/2017	Occupation Executive	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name Jimenez						
Address 1348 Park Royal Dr NW						
Address2						
City Kennesaw						
State GA						Zip 30152-4811
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary	Employer Cox Enterprises			Description	
	<input type="checkbox"/> Inkind					
	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					

Itemized Contribution Page Total

\$2,951.00

\$0.00

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 / Business Name Bob	Date 08/18/2017	Occupation Executive	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$400.00	Est. Value \$0.00
Last Name Jimenez					
Address 1348 Park Royal Dr NW					
Address2					
City Kennesaw					
State GA					Zip 30152-4811
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cox Enterprises			Description
First Name / Business Name Ben F.	Date 09/28/2017	Occupation Retired Managing Partner	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Johnson					
Address 145 15th St NE					
Address2 Colony House 1427					
City Atlanta					
State GA					Zip 30309-3535
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Alston & Bird LLP			Description
First Name / Business Name Quincy	Date 08/22/2017	Occupation PE Real Estate	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Jones					
Address 5168 Lake Forrest Dr					
Address2					
City Atlanta					
State GA					Zip 30342-2219
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SageStone Partners			Description

Itemized Contribution Page Total

\$2,400.00

\$0.00

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 / Business Name Shane	Date 09/30/2017	Occupation Independent Airport Consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Jones					
Address 334 Adams St					
Address2					
City Decatur					
State GA					Zip 30030-5206
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
First Name / Business Name Debraleigh	Date 09/19/2017	Occupation Community Development	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00
Last Name Jowers					
Address 241 Ralph McGill Blvd NE					
Address2 BIN10190					
City Atlanta					
State GA					Zip 30308-3374
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Georgia Power Company			Description
First Name / Business Name Marc	Date 09/30/2017	Occupation Technology consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Kagan					
Address 826 Frederica St NE					
Address2					
City Atlanta					
State GA					Zip 30306-4704
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description

Itemized Contribution Page Total

\$803.00

\$0.00

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 / Business Name Anne	Date 09/29/2017	Occupation Manager	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Kaiser					
Address PO Box 77147					
Address2					
City Atlanta					
State GA					Zip 30357-1147
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Georgia Power			Description
First Name / Business Name Risa	Date 09/24/2017	Occupation 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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Kaplan					
Address 350 Blackland Rd NW					
Address2					
City Atlanta					
State GA					Zip 30342-4004
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name David	Date 09/23/2017	Occupation Business Executive	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Keil					
Address 978 Berkshire Rd NE					
Address2					
City Atlanta					
State GA					Zip 30324-4932
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer QASymphony			Description

Itemized Contribution Page Total

\$1,750.00

\$0.00

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 / Business Name Allan	Date 09/25/2017	Occupation Internet Publisher	<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 2017	Cash Amt. \$1,249.00	Est. Value \$0.00
Last Name Keiter					
Address 105 Ansley Villa Dr NE					
Address2					
City Atlanta					
State GA					Zip 30324-4809
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer 270toWin			
First Name / Business Name Allan	Date 09/25/2017	Occupation Internet Publisher	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,501.00	Est. Value \$0.00
Last Name Keiter					
Address 105 Ansley Villa Dr NE					
Address2					
City Atlanta					
State GA					Zip 30324-4809
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer 270toWin			
First Name / Business Name Katya	Date 09/25/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Keremidchieva					
Address 4172 Roswell Rd NE					
Address2					
City Atlanta					
State GA					Zip 30342-3761
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Morris, Manning & Martin, LLP			

Itemized Contribution Page Total

\$2,851.00

\$0.00

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 / Business Name Ron	Date 09/30/2017	Occupation Mgmt consultant	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Kermisch					
Address 2 Sherman St					
Address2					
City Lexington					
State MA					Zip 02420-3711
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain & company			
First Name / Business Name Veronique	Date 09/22/2017	Occupation CFO	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Kessler					
Address 6270 Riverwood Dr					
Address2					
City Atlanta					
State GA					Zip 30328-3737
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			
First Name / Business Name Terry	Date 09/07/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Kidder					
Address 869 Glenbrook Dr NW					
Address2					
City Atlanta					
State GA					Zip 30318-1621
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Kelt	Date 09/27/2017	Occupation Consultant	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Kindick								
Address 350 Blackland Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Bain & Company			Description	
City Atlanta								
State GA								Zip 30342-4004
Aff. Comm.								
First Name / Business Name Marianna	Date 09/21/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name King								
Address 2080 McKinley Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer MomTech			Description	
City Atlanta								
State GA								Zip 30318-1706
Aff. Comm.								
First Name / Business Name Matthew	Date 09/29/2017	Occupation Self Employed	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Kirby								
Address 3623 Dumbarton Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self Employed			Description	
City Atlanta								
State GA								Zip 30327-2615
Aff. Comm.								

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Amy	Date 09/23/2017	Occupation Non profit leader	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Kistulinec					
Address 3773 Haddon Hall Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-2658
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Relay Exchange			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Marka	Date 09/23/2017	Occupation Management Consultant	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Kistulinec					
Address 3773 Haddon Hall Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-2658
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Boston Consulting Group			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Lawrence	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Klamon					
Address 2665 Dellwood Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3519
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Retired			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contribution Page Total

\$5,450.00

\$0.00

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 / Business Name David	Date 09/08/2017	Occupation Real Estate	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Knight					
Address 2240 Woodward Way NW					
Address2					
City Atlanta					
State GA					Zip 30305-4043
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Walton Communities			Description
First Name / Business Name Matt	Date 09/30/2017	Occupation Investor	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Knight					
Address 3243 Osborne Rd NE					
Address2					
City Brookhaven					
State GA					Zip 30319-2362
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Blackhawk Capital			Description
First Name / Business Name Natalie	Date 09/25/2017	Occupation Director	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Knight					
Address 5635 Koweta Rd					
Address2					
City Atlanta					
State GA					Zip 30349-1620
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CH2M			Description

Itemized Contribution Page Total

\$651.00

\$0.00

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 / Business Name Steven	Date 09/30/2017	Occupation Finance	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Koyra					
Address 135 Habersham Valley Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1137
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Sunrise Bluff Capital Management			Description
First Name / Business Name Sheri	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$300.00	Est. Value \$0.00
Last Name Labovitz					
Address 5655 Glen Errol Rd					
Address2					
City Atlanta					
State GA					Zip 30327-4853
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Howard	Date 09/15/2017	Occupation Self Employed	<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 2017	Cash Amt. \$600.00	Est. Value \$0.00
Last Name Lalli					
Address 1266 W Paces Ferry Rd NW					
Address2 # 551					
City Atlanta					
State GA					Zip 30327-2306
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description

Itemized Contribution Page Total

\$1,900.00

\$0.00

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 / Business Name Patricia	Date 09/28/2017	Occupation Lawyer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Lamar						
Address 734 Virginia Cir NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30306-3712
Aff. Comm.						
First Name / Business Name Stacy	Date 08/18/2017	Occupation Director	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Land						
Address 116 Woodmere Sq NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer XG Health			Description	
City Atlanta						
State GA						Zip 30327-4031
Aff. Comm.						
First Name / Business Name Stacy	Date 09/29/2017	Occupation Director	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Land						
Address 116 Woodmere Sq NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer XG Health			Description	
City Atlanta						
State GA						Zip 30327-4031
Aff. Comm.						

Itemized Contribution Page Total

\$303.00

\$0.00

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 / Business Name Van	Date 09/29/2017	Occupation VP	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Lear					
Address 1045 Edgewater Dr					
Address2					
City Atlanta					
State GA					Zip 30328-3511
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Power Delivery Products			Description
First Name / Business Name Laura Shine	Date 09/21/2017	Occupation Graphic Designer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Lee					
Address 487 Princeton Way NE					
Address2					
City Atlanta					
State GA					Zip 30307-1130
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
First Name / Business Name Laura Shine	Date 09/28/2017	Occupation Graphic Designer	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Lee					
Address 487 Princeton Way NE					
Address2					
City Atlanta					
State GA					Zip 30307-1130
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description

Itemized Contribution Page Total

\$401.00

\$0.00

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 / Business Name Ellen H	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Levine					
Address 350 Craighead Dr					
Address2					
City Atlanta					
State GA					Zip 30319-1086
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name Constance Barkley	Date 09/14/2017	Occupation writer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Lewis					
Address 3329 Habersham Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1160
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self			
First Name / Business Name Daniel	Date 09/23/2017	Occupation Self Employed	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Lieber					
Address 101 S Fort Lauderdale Beach Blvd					
Address2 Apt 606					
City Fort Lauderdale					
State FL					Zip 33316-1557
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			

Itemized Contribution Page Total

\$303.00

\$0.00

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 / Business Name Bert Robert	Date 09/30/2017	Occupation Partner	<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 2017	Cash Amt. \$125.00	Est. Value \$0.00	
Last Name Light						
Address 1820 Peachtree St NW						
Address2 1510	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Artlite Office Supply			Description	
City Atlanta						
State GA						Zip 30309-1864
Aff. Comm.						
First Name / Business Name Karen JN	Date 09/29/2017	Occupation Director	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00	
Last Name Litre						
Address 400 Old Ivy Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homemaker			Description	
City Atlanta						
State GA						Zip 30342-4526
Aff. Comm.						
First Name / Business Name Patrick JN	Date 09/29/2017	Occupation Director	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00	
Last Name Litre						
Address 400 Old Ivy Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain and Co.			Description	
City Atlanta						
State GA						Zip 30342-4526
Aff. Comm.						

Itemized Contribution Page Total

\$2,925.00

\$0.00

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 / Business Name Ginny	Date 09/22/2017	Occupation Substitute teacher	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Little						
Address 1133 Byrnwyck Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Brookhaven						
State GA						Zip 30319-1652
Aff. Comm.						
First Name / Business Name Virginia	Date 09/30/2017	Occupation Self Employed	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Little						
Address 1133 Byrnwyck Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Brookhaven						
State GA						Zip 30319-1652
Aff. Comm.						
First Name / Business Name Alex	Date 09/29/2017	Occupation Investments	<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 2017	Cash Amt. \$750.00	Est. Value \$0.00	
Last Name Livingston						
Address 931 Dumbarton Ct NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Satilla Capital Partners			Description	
City Atlanta						
State GA						Zip 30327-2609
Aff. Comm.						

Itemized Contribution Page Total

\$901.00

\$0.00

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 / Business Name Eyal	Date 09/29/2017	Occupation Realestate	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Livnat					
Address 1360 Manget Way					
Address2					
City Atlanta					
State GA					Zip 30338-4810
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer IDE Mangment			Description
First Name / Business Name Dennis	Date 09/26/2017	Occupation various: professor, speaker, investor, writer	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Lockhart					
Address 2724 Peachtree Rd NW					
Address2 Apt 1001					
City Atlanta					
State GA					Zip 30305-2986
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
First Name / Business Name Margaret Martin	Date 09/20/2017	Occupation sales	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Long					
Address 2572 Brookdale Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3556
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer peridot			Description

Itemized Contribution Page Total

\$2,101.00

\$0.00

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 / Business Name Cindy	Date 09/23/2017	Occupation Occupational therapist	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Lourie					
Address 4880 Merlendale Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Emory university healthcare			Description
City Sandy Springs					
State GA				Zip 30327-4932	
Aff. Comm.					
First Name / Business Name Cynthia	Date 09/29/2017	Occupation Occupational therapist	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Lourie					
Address 4880 Merlendale Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Emory University Healthcare			Description
City Atlanta					
State GA				Zip 30327-4932	
Aff. Comm.					
First Name / Business Name Julie	Date 09/30/2017	Occupation Marketing VP	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Lubetkin					
Address 39 Bay View Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Avalara			Description
City San Carlos					
State CA				Zip 94070-1656	
Aff. Comm.					

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Kelly	Date 09/28/2017	Occupation Student	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Lukridge					
Address 240 Old Salem Rd					
Address2					
City Moore					
State SC					Zip 29369-9678
Aff. Comm.					
First Name / Business Name Alfred S	Date 09/20/2017	Occupation Attorney	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Lurey					
Address 1100 Peachtree St NE					
Address2 Ste 2800					
City Atlanta					
State GA					Zip 30309-4528
Aff. Comm.					
First Name / Business Name Ronnie E.	Date 08/21/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Mabra Jr.					
Address 361 17th St NW					
Address2 Unit 1306					
City Atlanta					
State GA					Zip 30363-1085
Aff. Comm.					

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Dan	Date 09/30/2017	Occupation Financial Services	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Mahoney					
Address 251 Lakeview Ave NE					
Address2					
City Atlanta					
State GA					Zip 30305-3767
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer True Square Financial LLC			Description
First Name / Business Name Monika	Date 09/25/2017	Occupation marketer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Majors					
Address 383 Springdale Dr NE					
Address2					
City Atlanta					
State GA					Zip 30305-3857
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Chick-fil-A			Description
First Name / Business Name Ryan	Date 09/21/2017	Occupation CEO	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Marshall					
Address 162 Pine Lake Dr					
Address2					
City Atlanta					
State GA					Zip 30327-4936
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer PulteGroup			Description

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name David	Date 08/24/2017	Occupation Executive	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00		
Last Name Marvin							
Address 250 Park Avenue West NW							
Address2 Unit 909					<input checked="" type="checkbox"/> Monetary	Employer Legacy Ventures	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30313-1607					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Barbara	Date 09/27/2017	Occupation Realtor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Marxer							
Address 2795 Peachtree Rd NE							
Address2 Unit 806					<input checked="" type="checkbox"/> Monetary	Employer Dorsey Alston	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30305-3790					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Barbara	Date 09/28/2017	Occupation Realtor	<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 2017	Cash Amt. \$100.00	Est. Value \$0.00		
Last Name Marxer							
Address 2795 Peachtree Rd NE							
Address2 Unit 806					<input checked="" type="checkbox"/> Monetary	Employer Dorsey Alston	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30305-3790					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							

Itemized Contribution Page Total

\$1,201.00

\$0.00

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 / Business Name Richard	Date 09/29/2017	Occupation real Estate	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Maslia					
Address 4512 River Rill OCurt					
Address2					
City Atlanta					
State GA					Zip 30327
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer the Victory Group			Description
First Name / Business Name Catherine	Date 09/06/2017	Occupation Financial planner	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00
Last Name Mathis					
Address 5121 Powers Ferry Rd					
Address2					
City Atlanta					
State GA					Zip 30327-4633
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Berkeley advisors			Description
First Name / Business Name Catherine	Date 09/28/2017	Occupation Financial planner	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Mathis					
Address 5121 Powers Ferry Rd					
Address2					
City Atlanta					
State GA					Zip 30327-4633
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Berkeley advisors			Description

Itemized Contribution Page Total

\$803.00

\$0.00

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 / Business Name Gordon	Date 09/04/2017	Occupation Educator	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Mathis					
Address 5121 Powers Ferry Rd					
Address2					
City Atlanta					
State GA					Zip 30327-4633
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description
First Name / Business Name Joerg	Date 09/27/2017	Occupation 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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Matthiessen					
Address 222 12th St NE					
Address2					
City Atlanta					
State GA					Zip 30309-4001
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Becky	Date 09/25/2017	Occupation mother	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Mautner					
Address 2854 Arden Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-1262
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			Description

Itemized Contribution Page Total

\$1,750.00

\$0.00

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 / Business Name Ed	Date 07/12/2017	Occupation Director	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name McBrayer							
Address PO Box 14327							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer PATH Foundation			
City Atlanta							
State GA							Zip 30324-1327
Aff. Comm.							
First Name / Business Name Ed	Date 09/17/2017	Occupation Director	<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 2017	Cash Amt. \$100.00	Est. Value \$0.00		
Last Name McBrayer							
Address PO Box 14327							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer PATH Foundation			
City Atlanta							
State GA							Zip 30324-1327
Aff. Comm.							
First Name / Business Name John Spratt	Date 09/29/2017	Occupation Real Estate Investment	<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 2017	Cash Amt. \$1,400.00	Est. Value \$0.00		
Last Name McColl							
Address 3300 Rockingham Dr NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Cousins Properties			
City Atlanta							
State GA							Zip 30327-1239
Aff. Comm.							

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name John	Date 09/30/2017	Occupation Student	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00			
Last Name McColl Jr.								
Address 3300 Rockingham Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Student			Description	
City Atlanta								
State GA								Zip 30327-1239
Aff. Comm.								
First Name / Business Name John	Date 09/30/2017	Occupation Student	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00			
Last Name McColl Jr.								
Address 3300 Rockingham Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Student			Description	
City Atlanta								
State GA								Zip 30327-1239
Aff. Comm.								
First Name / Business Name Lee	Date 09/29/2017	Occupation Housewife	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00			
Last Name McColl								
Address 3300 Rockingham Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The McColl Family			Description	
City Atlanta								
State GA								Zip 30327-1239
Aff. Comm.								

Itemized Contribution Page Total

\$5,400.00

\$0.00

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 / Business Name Lee	Date 09/29/2017	Occupation Housewife	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00			
Last Name McColl								
Address 3300 Rockingham Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The McColl Family			Description	
City Atlanta								
State GA								Zip 30327-1239
Aff. Comm.								
First Name / Business Name Peggy	Date 09/12/2017	Occupation Homemaker	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name McCurry								
Address 45 Finch Forest Trl								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Na			Description	
City Atlanta								
State GA								Zip 30327-4576
Aff. Comm.								
First Name / Business Name Kristin	Date 09/13/2017	Occupation Executive	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00			
Last Name McEwen								
Address 100 Edgewood Ave NE								
Address2 Ste 1100		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Metro Atlanta YMCA			Description	
City Atlanta								
State GA								Zip 30303-3065
Aff. Comm.								

Itemized Contribution Page Total

\$3,302.00

\$0.00

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 / Business Name James	Date 09/01/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name McGibbon					
Address 8 Montclair Dr NE					
Address2					
City Atlanta					
State GA					Zip 30309-1527
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Of Counsel to Eversheds-Sutherland US LLP			Description
First Name / Business Name Georgeann	Date 08/25/2017	Occupation homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name McGrew					
Address 2863 Careygate NW					
Address2					
City Atlanta					
State GA					Zip 30305-2821
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer at home			Description
First Name / Business Name Georgeann	Date 09/29/2017	Occupation homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name McGrew					
Address 2863 Careygate NW					
Address2					
City Atlanta					
State GA					Zip 30305-2821
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer at home			Description

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Rhonda	Date 09/22/2017	Occupation Pharmacist	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name McIntosh						
Address 1807 N Rock Springs Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Atlanta						
State GA						Zip 30324-5207
Aff. Comm.						
First Name / Business Name Patrick	Date 09/26/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name McManamy						
Address 3906 Ivy Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer McManamy McLeod Heller			Description	
City Atlanta						
State GA						Zip 30342-4235
Aff. Comm.						
First Name / Business Name Patrick	Date 09/29/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name McManamy						
Address 3906 Ivy Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer McManamy McLeod Heller			Description	
City Atlanta						
State GA						Zip 30342-4235
Aff. Comm.						

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Hillary Lynn	Date 09/19/2017	Occupation Homemaker	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name McNeill					
Address 20 Stratford Pl NE					
Address2					
City Atlanta					
State GA					Zip 30342-3956
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description
First Name / Business Name Hillary Lynn	Date 09/28/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name McNeill					
Address 20 Stratford Pl NE					
Address2					
City Atlanta					
State GA					Zip 30342-3956
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description
First Name / Business Name Michael S.	Date 09/20/2017	Occupation Manager	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name McQuary					
Address 5610 Glenridge Dr					
Address2 Apt 403					
City Atlanta					
State GA					Zip 30342-1399
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wheego Technologies			Description

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Alec	Date 07/01/2017	Occupation Landscape Architect	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Michaelides					Description	
Address 2427 Sagamore Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Land Plus Associates Ltd.				
City Atlanta						
State GA						Zip 30305-4036
Aff. Comm.						
First Name / Business Name Alec	Date 09/30/2017	Occupation Landscape Architect	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Michaelides					Description	
Address 2427 Sagamore Dr NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Land Plus Associates Ltd.				
City Atlanta						
State GA						Zip 30305-4036
Aff. Comm.						
First Name / Business Name Daniel	Date 08/30/2017	Occupation Real Estate Investor	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Miles					Description	
Address 4828 Ashford Dunwoody Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Star Residential				
City Atlanta						
State GA						Zip 30338-4832
Aff. Comm.						

Itemized Contribution Page Total

\$1,000.00

\$0.00

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 / Business Name Daniel J.	Date 09/29/2017	Occupation Managing Partner	<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 2017	Cash Amt. \$800.00	Est. Value \$0.00
Last Name Miles					
Address 2472 Jett Ferry Rd					
Address2					
City Dunwoody					
State GA					Zip 30338-3059
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Marquise Investments			Description
First Name / Business Name Mindy	Date 09/30/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Millward					
Address 4505 Dudley Ln					
Address2					
City Atlanta					
State GA					Zip 30327-3338
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Navalent			Description
First Name / Business Name Stuart	Date 09/30/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Min					
Address 321 Peakham Rd					
Address2					
City Sudbury					
State MA					Zip 01776-2757
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bain & Company			Description

Itemized Contribution Page Total

\$1,151.00

\$0.00

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 / Business Name Janis	Date 09/29/2017	Occupation Philanthropic Advisor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Minton						
Address 12222 Paisley Ln						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Los Angeles						
State CA						Zip 90049-4026
Aff. Comm.						
First Name / Business Name Steven	Date 09/30/2017	Occupation Entrepreneur	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Minton						
Address 326 Loma Vista St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer InferLink Corporation			Description	
City El Segundo						
State CA						Zip 90245-2901
Aff. Comm.						
First Name / Business Name Darden	Date 09/28/2017	Occupation Interior designer	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Mock						
Address 211 The Prado NE						
Address2 211 The Parado NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self - Darden Design Group			Description	
City Atlanta						
State GA						Zip 30309-3335
Aff. Comm.						

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Harper	Date 09/28/2017	Occupation Professor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00
Last Name Montgomery					
Address 112 E 19th St					
Address2 Apt 11F					
City New York					
State NY					Zip 10003-9610
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hunter College			Description
First Name / Business Name Harper	Date 09/28/2017	Occupation Professor	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Montgomery					
Address 112 E 19th St					
Address2 Apt 11F					
City New York					
State NY					Zip 10003-9610
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hunter College			Description
First Name / Business Name Sally	Date 09/20/2017	Occupation Nurse Practitioner	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Montgomery					
Address 1268 Edmund Park Dr NE					
Address2					
City Atlanta					
State GA					Zip 30306-2232
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description

Itemized Contribution Page Total

\$4,500.00

\$0.00

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 / Business Name C. David	Date 09/28/2017	Occupation Contractor	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Moody Jr					
Address 6017 Redan Rd					
Address2					
City Lithonia					
State GA					Zip 30058-5401
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer C D Moody Construction Company			Description
First Name / Business Name Craig	Date 08/16/2017	Occupation CEO	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Moore					
Address 488 Edgewood Ave SE					
Address2					
City Atlanta					
State GA					Zip 30312-1837
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Old 4th Distillery			Description
First Name / Business Name Caron	Date 07/06/2017	Occupation Info requested	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Morgan					
Address 5623 Trowbridge Way					
Address2					
City Dunwoody					
State GA					Zip 30338-2929
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Info requested			Description

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Jennifer	Date 09/20/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Morrissey								
Address 220 Powers Cv								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Homemaker			Description	
City Atlanta								
State GA								Zip 30327-3405
Aff. Comm.								
First Name / Business Name Carol	Date 09/05/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Muldawer								
Address 3904 Randall Ridge Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30327-3108
Aff. Comm.								
First Name / Business Name Clair	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Muller								
Address 2903 Wyngate Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30305-2835
Aff. Comm.								

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Leo	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$2,000.00	Est. Value \$0.00
Last Name Mullin					
Address 710 Fairfield Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-3224
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name Diana	Date 09/14/2017	Occupation Life Coach	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Murphy					
Address 479 E Wesley Rd NE					
Address2					
City Atlanta					
State GA					Zip 30305-3868
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Diana Murphy Coaching			
First Name / Business Name Jacques P.	Date 09/27/2017	Occupation 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 2017	Cash Amt. \$988.31	Est. Value \$0.00
Last Name Murphy					
Address 479 E Wesley Rd NE					
Address2					
City Atlanta					
State GA					Zip 30305-3868
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			

Itemized Contribution Page Total

\$3,089.31

\$0.00

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 / Business Name Jacques P.	Date 09/27/2017	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$11.69	Est. Value \$0.00
Last Name Murphy					
Address 479 E Wesley Rd NE					
Address2					
City Atlanta					
State GA					Zip 30305-3868
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name Bryan	Date 09/28/2017	Occupation Investor	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Musolf					
Address 48 Atlanta St SE					
Address2					
City Marietta					
State GA					Zip 30060-1975
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer InLine Communities, LLC			
First Name / Business Name Deborah	Date 09/27/2017	Occupation volunteer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Neese					
Address 3031 Habersham Way NW					
Address2					
City Atlanta					
State GA					Zip 30305-2800
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			

Itemized Contribution Page Total

\$362.69

\$0.00

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 / Business Name Deborah	Date 09/28/2017	Occupation volunteer	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Neese					
Address 3031 Habersham Way NW					
Address2					
City Atlanta					
State GA					Zip 30305-2800
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			Description
First Name / Business Name Frank	Date 09/20/2017	Occupation Realtor	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Nelson					
Address 4096 Powers Ferry Rd NW					
Address2					
City Atlanta					
State GA					Zip 30342-4037
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dorsey Alston Realtors			Description
First Name / Business Name Michelle Chalifoux	Date 07/19/2017	Occupation Underwriter	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Nelson					
Address 3230 N Wood Valley Rd.					
Address2					
City Atlanta					
State GA					Zip 30327
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Berkadia			Description

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Michelle Chalifoux	Date 09/22/2017	Occupation Underwriter	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Nelson					
Address 3230 N Wood Valley Rd.					
Address2					
City Atlanta					
State GA					Zip 30327
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Berkadia			Description
First Name / Business Name Michelle Chalifoux	Date 09/28/2017	Occupation Underwriter	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Nelson					
Address 3230 N Wood Valley Rd.					
Address2					
City Atlanta					
State GA					Zip 30327
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Berkadia			Description
First Name / Business Name Tatiana	Date 09/22/2017	Occupation Expert Coach	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Nemo					
Address 945 E Rock Springs Rd NE					
Address2					
City Atlanta					
State GA					Zip 30306-3045
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fortuna Admissions			Description

Itemized Contribution Page Total

\$303.00

\$0.00

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 / Business Name Richard	Date 09/29/2017	Occupation Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Newman								
Address 1080 Los Angeles Ave NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Broniec Assoc			Description	
City Atlanta								
State GA								Zip 30306-3566
Aff. Comm.								
First Name / Business Name Sean	Date 09/29/2017	Occupation Marketing Executive	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Norman								
Address PO Box 12247								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self Employed			Description	
City Atlanta								
State GA								Zip 30355-2247
Aff. Comm.								
First Name / Business Name Nicholas	Date 09/30/2017	Occupation Writer/Photographer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Noyes								
Address 315 Riverside Dr								
Address2 19b		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self			Description	
City New York								
State NY								Zip 10025-4112
Aff. Comm.								

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Rebecca	Date 09/06/2017	Occupation Self Employed	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name O'Connor					
Address 2587 Dellwood Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3517
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			
First Name / Business Name Kristy	Date 09/19/2017	Occupation lawyer	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Offitt					
Address 304 Coalter Way					
Address2					
City Decatur					
State GA					Zip 30030-3321
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ogletree deakins			
First Name / Business Name Katharine J.	Date 08/23/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name OHare					
Address 936 Gatewood Ct NW					
Address2					
City Atlanta					
State GA					Zip 30327-1502
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			

Itemized Contribution Page Total

\$1,000.00

\$0.00

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 / Business Name Stephen	Date 09/29/2017	Occupation Attorney	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Opler					Description	
Address 922 Dean Dr NW						
Address2 # MW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Barnes & Thornburg				
City Atlanta						
State GA						Zip 30318-1618
Aff. Comm.						
First Name / Business Name Howard D	Date 09/28/2017	Occupation Investor	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Palefsky					Description	
Address 3320 Habersham Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed, Victoria Capital Management, Inc.				
City Atlanta						
State GA						Zip 30305-1159
Aff. Comm.						
First Name / Business Name Amy	Date 08/16/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Palesch					Description	
Address 627 Ormewood Ave SE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Littler Mendelson, P.C.				
City Atlanta						
State GA						Zip 30312-3619
Aff. Comm.						

Itemized Contribution Page Total

\$1,601.00

\$0.00

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 / Business Name Beth	Date 09/28/2017	Occupation Attorney	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Paradies								
Address 875 Powers Lake Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Unemployed			Description	
City Atlanta								
State GA								Zip 30327-4755
Aff. Comm.								
First Name / Business Name Mary Kay	Date 09/28/2017	Occupation Exec Admin	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00			
Last Name Payne								
Address 2896 Ridge Valley Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer PawKids			Description	
City Atlanta								
State GA								Zip 30327-1828
Aff. Comm.								
First Name / Business Name Mark Brent	Date 09/14/2017	Occupation Consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name Peabody								
Address 40 Putnam Dr NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Cavell Mertz & Associates, Inc.			Description	
City Atlanta								
State GA								Zip 30342-4412
Aff. Comm.								

Itemized Contribution Page Total

\$1,702.00

\$0.00

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 / Business Name Richard C.	Date 09/29/2017	Occupation Consultant	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Perkey					Description	
Address 80 Wakefield Dr NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Caldwell Partners International				
City Atlanta						
State GA						Zip 30309-1515
Aff. Comm.						
First Name / Business Name Barbara	Date 09/29/2017	Occupation Exec Communications Coach	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Pettway					Description	
Address 51 Palisades Rd NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self				
City Atlanta						
State GA						Zip 30309-1540
Aff. Comm.						
First Name / Business Name Maureen	Date 09/25/2017	Occupation Library Coordinator	<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 2017	Cash Amt. \$25.00	Est. Value \$0.00	
Last Name Pierce					Description	
Address 1663 Oak Crest Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School				
City Marietta						
State GA						Zip 30066-4186
Aff. Comm.						

Itemized Contribution Page Total

\$325.00

\$0.00

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 / Business Name Maureen	Date 09/29/2017	Occupation Library Coordinator	<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 2017	Cash Amt. \$25.00	Est. Value \$0.00
Last Name Pierce					
Address 1663 Oak Crest Ct					
Address2					
City Marietta					
State GA					Zip 30066-4186
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description
First Name / Business Name Planners and Engineers Collaborative Inc	Date 08/31/2017	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 2017	Cash Amt. \$1,250.00	Est. Value \$0.00
Last Name					
Address 3344 Peachtree Rd NE					
Address2 Ste 2050					
City Atlanta					
State GA					Zip 30326-4827
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
First Name / Business Name Mary M.	Date 09/21/2017	Occupation retired school administrator	<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 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name Poe					
Address 501 Manor Ridge Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3511
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Galloway School- retired in 2001			Description

Itemized Contribution Page Total

\$1,475.00

\$0.00

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 / Business Name Mark	Date 08/31/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Pollack					Description	
Address 2195 Defoor Hills Rd NW						
Address2 Ste J	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30318-2210
Aff. Comm.						
First Name / Business Name Ponce Court LLC	Date 09/29/2017	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 2017	Cash Amt. \$150.00	Est. Value \$0.00	
Last Name					Description	
Address 1230 Peachtree St NE						
Address2 Ste 800	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City Atlanta						
State GA						Zip 30309-7536
Aff. Comm.						
First Name / Business Name Nicole	Date 09/23/2017	Occupation Strategist	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Poppiti					Description	
Address 1455 Lanier Pl NE						
Address2 Apt A2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Orange Sparkle Ball				
City Atlanta						
State GA						Zip 30306-3237
Aff. Comm.						

Itemized Contribution Page Total

\$501.00

\$0.00

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 / Business Name Simon	Date 09/30/2017	Occupation Consultant	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00		
Last Name Porter							
Address 4502 Lake Forrest Dr NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Bain & Company			
City Atlanta							
State GA							Zip 30342-3236
Aff. Comm.							
First Name / Business Name K. Dionne	Date 09/22/2017	Occupation Physician	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Posey							
Address 1500 Sylvan Cir NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Optum			
City Brookhaven							
State GA							Zip 30319-3426
Aff. Comm.							
First Name / Business Name Lindsey	Date 09/30/2017	Occupation Residential General Contractor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Potts							
Address 231 Huntington Rd NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Garmon Properties llc			
City Atlanta							
State GA							Zip 30309-1505
Aff. Comm.							

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Martha	Date 09/21/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Poulton						
Address 3747 Peachtree Rd NE						
Address2 Apt 1703	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30319-1376
Aff. Comm.						
First Name / Business Name Alan J.	Date 09/25/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Prince						
Address 1180 Peachtree St NE						
Address2 Ste 1700	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer King & Spalding			Description	
City Atlanta						
State GA						Zip 30309-7525
Aff. Comm.						
First Name / Business Name Elizabeth	Date 09/06/2017	Occupation Interior Designer	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Pritchard						
Address 425 Peachtree Battle Ave NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer E. Pritchard Designs, LLC			Description	
City Atlanta						
State GA						Zip 30305-4063
Aff. Comm.						

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Elizabeth	Date 09/21/2017	Occupation Interior Designer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Pritchard					Description	
Address 425 Peachtree Battle Ave NW						
Address2						
City Atlanta						
State GA						
Zip 30305-4063					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Caperton	Date 08/24/2017	Occupation Banking	<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 2017	Cash Amt. \$500.00		Est. Value \$0.00
Last Name Putt						Description
Address 63 17th St NE						
Address2						
City Atlanta						
State GA						
Zip 30309-3244					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Lindy	Date 09/15/2017	Occupation sales	<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 2017	Cash Amt. \$2,500.00		Est. Value \$0.00
Last Name Radow						Description
Address 1386 Peachtree Battle Ave NW						
Address2						
City Atlanta						
State GA						
Zip 30327-1424					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						

Itemized Contribution Page Total

\$3,101.00

\$0.00

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 / Business Name Norman	Date 09/15/2017	Occupation CEO	<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 2017	Cash Amt. \$2,500.00	Est. Value \$0.00		
Last Name Radow							
Address 400 Galleria Pkwy SE							
Address2 1200					<input checked="" type="checkbox"/> Monetary	Employer The RADCO Companies	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30339-5980					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Thomas	Date 09/21/2017	Occupation Senior Vice President, Business Development	<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 2017	Cash Amt. \$100.00	Est. Value \$0.00		
Last Name Raney							
Address 2442 Oldfield Rd NW							
Address2					<input checked="" type="checkbox"/> Monetary	Employer JE DUNN CONSTRUCTION	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30327-1245					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Elizabeth	Date 09/16/2017	Occupation Attorney	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00		
Last Name Rankin							
Address 1566 Cave Rd NW							
Address2					<input checked="" type="checkbox"/> Monetary	Employer Self Employed	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30327-3120					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							

Itemized Contribution Page Total

\$2,701.00

\$0.00

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 / Business Name Cecelia Chandle	Date 09/30/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Ratcliffe					
Address 1425 Wesley Walk NW					
Address2					
City Atlanta					
State GA					Zip 30327-1711
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name David	Date 09/19/2017	Occupation 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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Ratcliffe					
Address 1425 Wesley Walk NW					
Address2					
City Atlanta					
State GA					Zip 30327-1711
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			
First Name / Business Name Margaret	Date 09/27/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Reiser					
Address 3990 E Brookhaven Dr NE					
Address2					
City Brookhaven					
State GA					Zip 30319-2861
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			

Itemized Contribution Page Total

\$3,850.00

\$0.00

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 / Business Name Arthur	Date 09/30/2017	Occupation Physician	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Reitman					
Address 895 Glengate Pl					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wellstar Health System			Description
City Atlanta					
State GA				Zip 30328-7261	
Aff. Comm.					
First Name / Business Name Penina	Date 09/13/2017	Occupation Sustainable Neighborhood Development Strategies In	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Richards					
Address 190 Northland Ridge Trl					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Finance Manager			Description
City Atlanta					
State GA				Zip 30342-2467	
Aff. Comm.					
First Name / Business Name Julie	Date 09/28/2017	Occupation Finance Manager	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Rief					
Address 508 Brentwood Dr NE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Southern Health Lawyers			Description
City Atlanta					
State GA				Zip 30305-3409	
Aff. Comm.					

Itemized Contribution Page Total

\$851.00

\$0.00

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 / Business Name Mark B	Date 09/29/2017	Occupation Real Estate	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$400.00	Est. Value \$0.00	
Last Name Riley Mr.					Description	
Address Suite 25						
Address2 950 Joseph Lowery Blvd. NW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Urban Realty Partners				
City Atlanta						
State GA						Zip 30318
Aff. Comm.						
First Name / Business Name Rebecca	Date 09/26/2017	Occupation Manager	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Riley					Description	
Address 656 Collier Commons Cir NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer NorthgateArinso				
City Atlanta						
State GA						Zip 30318-1736
Aff. Comm.						
First Name / Business Name Eleanor	Date 08/03/2017	Occupation Journalist	<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 2017	Cash Amt. \$400.00	Est. Value \$0.00	
Last Name Ringel					Description	
Address 3275 Valley Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self-employed				
City Atlanta						
State GA						Zip 30305-1152
Aff. Comm.						

Itemized Contribution Page Total

\$1,800.00

\$0.00

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 / Business Name B.L.	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00		
Last Name Robinson					Description		
Address 8298 Carlton Rd							
Address2							
City Riverdale							
State GA							
Zip 30296-1261					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired	
Aff. Comm.							
First Name / Business Name B.L.	Date 09/28/2017	Occupation 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 2017	Cash Amt. \$500.00			Est. Value \$0.00
Last Name Robinson							Description
Address 8298 Carlton Rd							
Address2							
City Riverdale							
State GA							
Zip 30296-1261					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired	
Aff. Comm.							
First Name / Business Name Lisa	Date 09/14/2017	Occupation VP Philanthropy	<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 2017	Cash Amt. \$101.00			Est. Value \$0.00
Last Name Robinson							Description
Address 1258 Bellaire Ln NE							
Address2							
City Brookhaven							
State GA							
Zip 30319-5251					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Woodruff Arts Center	
Aff. Comm.							

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Jennifer Poulton	Date 09/06/2017	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Rose								
Address 4845 Woodvale Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30327-4555
Aff. Comm.								
First Name / Business Name Rachel	Date 09/24/2017	Occupation at home mom	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Roseman								
Address 900 Marseilles Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer NA			Description	
City Atlanta								
State GA								Zip 30327-4344
Aff. Comm.								
First Name / Business Name Donata	Date 09/30/2017	Occupation CEO	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Ross								
Address 275 13th St NE								
Address2 Apt 910		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Concessions International LLC			Description	
City Atlanta								
State GA								Zip 30309-5505
Aff. Comm.								

Itemized Contribution Page Total

\$2,101.00

\$0.00

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 / Business Name Patricia	Date 08/15/2017	Occupation 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 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Ross					
Address 56 Laurel Dr NE					
Address2					
City Atlanta					
State GA					Zip 30342-4102
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Coca-Cola Scholars Foundation			Description
First Name / Business Name Patricia	Date 09/22/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ross					
Address 56 Laurel Dr NE					
Address2					
City Atlanta					
State GA					Zip 30342-4102
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Coca-Cola Scholars Foundation			Description
First Name / Business Name Nancy	Date 09/29/2017	Occupation Owner/CEO	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Rowen					
Address 806 Wellesley Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3921
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wright Angle Communications			Description

Itemized Contribution Page Total

\$701.00

\$0.00

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 / Business Name Michael B.	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00			
Last Name Russell								
Address 1065 Peachtree St NE								
Address2 Unit 3104		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer HJ Russell & Company			Description	
City Atlanta								
State GA								Zip 30309-3980
Aff. Comm.								
First Name / Business Name Jan & Lynn	Date 09/29/2017	Occupation Real Estate Investor	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Saperstein								
Address 19 Conifer Cir NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self			Description	
City Atlanta								
State GA								Zip 30342-4303
Aff. Comm.								
First Name / Business Name Stacey	Date 09/11/2017	Occupation Manager	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Sapp								
Address 5400 Harrowood Ln								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The Atlanta Community Food Bank			Description	
City Atlanta								
State GA								Zip 30327-4812
Aff. Comm.								

Itemized Contribution Page Total

\$1,351.00

\$0.00

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 / Business Name Kathy	Date 09/06/2017	Occupation CFO	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Saul					
Address 940 Carter Dr NE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer It Saul Plants			Description
City Atlanta					
State GA				Zip 30319-1050	
Aff. Comm.					
First Name / Business Name Greg	Date 09/30/2017	Occupation Lawyer	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Schultz					
Address 2124 McKinley RoD					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Taylor English Duma, LLP			Description
City Atlanta					
State GA				Zip 30318	
Aff. Comm.					
First Name / Business Name Kashi	Date 09/13/2017	Occupation CEO	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Sehgal					
Address 5436 Glenridge Vw					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Gigabark			Description
City Atlanta					
State GA				Zip 30342-1737	
Aff. Comm.					

Itemized Contribution Page Total

\$601.00

\$0.00

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 / Business Name Pippa	Date 09/26/2017	Occupation Educator	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Seichrist					
Address 571 NW 28th St					
Address2 571 NW 28th Street					
City Miami					
State FL				Zip 33127-4137	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Miami Ad School			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Douglass	Date 09/30/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Selby					
Address 4965 Guilford Forest Dr SW					
Address2					
City Atlanta					
State GA				Zip 30331-9005	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Hunton & Williams			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Mike	Date 09/08/2017	Occupation Designer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Sellers					
Address 180 Jackson St NE					
Address2 Apt 4205					
City Atlanta					
State GA				Zip 30312-7927	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Self Employed			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name William	Date 09/30/2017	Occupation VP Marketing	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Sengstacken					
Address 904 City Park Dr SE					
Address2					
City Atlanta					
State GA					Zip 30312-3879
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cinchapi			Description
First Name / Business Name Amanda	Date 09/26/2017	Occupation Consultant and author	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Setili					
Address Please select...					
Address2					
City Atlanta					
State GA					Zip 30307
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Setili & Associates, LLC			Description
First Name / Business Name Courtney	Date 09/15/2017	Occupation Financial Development	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Severson					
Address 4282 Roswell Rd NE					
Address2 Apt N3					
City Atlanta					
State GA					Zip 30342-3732
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer YMCA			Description

Itemized Contribution Page Total

\$303.00

\$0.00

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 / Business Name Diane	Date 09/02/2017	Occupation Artist	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Shaftman					
Address 10 Highland Valley Ct					
Address2					
City Atlanta					
State GA					Zip 30327-4880
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description
First Name / Business Name Fred	Date 07/26/2017	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Shaftman					
Address 10 Highland Valley Ct					
Address2					
City Atlanta					
State GA					Zip 30327-4880
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Charlie	Date 09/25/2017	Occupation Lawyer	<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 2017	Cash Amt. \$2,500.00	Est. Value \$0.00
Last Name Sharbaugh					
Address 1101 Springdale Rd NE					
Address2 Ste 3000					
City Atlanta					
State GA					Zip 30306-2629
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Carlton Fields Jordan Burt			Description

Itemized Contribution Page Total

\$6,100.00

\$0.00

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 / Business Name Donna P.	Date 09/26/2017	Occupation 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 2017	Cash Amt. \$2,500.00	Est. Value \$0.00
Last Name Sharbaugh					
Address 1101 Springdale Rd NE					
Address2 Ste 3000					
City Atlanta					
State GA					Zip 30306-2629
Aff. Comm.					
First Name / Business Name Amy	Date 08/31/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Shea					
Address 4036 Conway Valley Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-3606
Aff. Comm.					
First Name / Business Name Amy	Date 09/28/2017	Occupation Homemaker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Shea					
Address 4036 Conway Valley Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-3606
Aff. Comm.					

Itemized Contribution Page Total

\$4,500.00

\$0.00

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 / Business Name Anne	Date 09/20/2017	Occupation Chief Executive Officer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00	
Last Name Sheehan					Description	
Address 3285 Valley Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Real Property Tax Advisors				
City Atlanta						
State GA						Zip 30305-1152
Aff. Comm.						
First Name / Business Name Anne	Date 09/20/2017	Occupation Chief Executive Officer	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name Sheehan					Description	
Address 3285 Valley Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Real Property Tax Advisors				
City Atlanta						
State GA						Zip 30305-1152
Aff. Comm.						
First Name / Business Name Sheenan Built Homes	Date 08/31/2017	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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name					Description	
Address 4825 High Point Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City Atlanta						
State GA						Zip 30342-2308
Aff. Comm.						

Itemized Contribution Page Total

\$5,000.00

\$0.00

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 / Business Name Karen Chesson	Date 08/16/2017	Occupation Realtor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Sheldon					
Address 724 Wesley Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3934
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Isakson Living			Description
First Name / Business Name Karen Chesson	Date 09/28/2017	Occupation Realtor	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Sheldon					
Address 724 Wesley Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3934
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Isakson Living			Description
First Name / Business Name Karen	Date 09/30/2017	Occupation Attorney	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Shelton					
Address 2539 Dellwood Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-3517
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Acuity Brands Lighting, Inc.			Description

Itemized Contribution Page Total

\$201.00

\$0.00

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 / Business Name Michelle	Date 09/24/2017	Occupation Homemaker	<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 2017	Cash Amt. \$202.00	Est. Value \$0.00	
Last Name Shlansky						
Address 1410 Waterford Green Way						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer None			Description	
City Marietta						
State GA						Zip 30068-2911
Aff. Comm.						
First Name / Business Name Sarah	Date 09/28/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Shoup						
Address 4295 Raintree Ln NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30327-3551
Aff. Comm.						
First Name / Business Name Jeanne	Date 09/24/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Shulman						
Address 5615 Claire Rose Ln						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homemaker			Description	
City Atlanta						
State GA						Zip 30327-4858
Aff. Comm.						

Itemized Contribution Page Total

\$404.00

\$0.00

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 / Business Name Marshall E	Date 08/31/2017	Occupation Attorney	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00		
Last Name Siegel							
Address 521 Gramercy Dr NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Siegel and Golde			
City Marietta							
State GA							Zip 30068-4873
Aff. Comm.							
First Name / Business Name Amy	Date 09/29/2017	Occupation Board liaison	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00		
Last Name Smith							
Address 3298 Osborne Rd NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Sheltering Arms			
City Brookhaven							
State GA							Zip 30319-2363
Aff. Comm.							
First Name / Business Name Carlton V.	Date 09/05/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00		
Last Name Smith							
Address 2405 Woodward Way NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			
City Atlanta							
State GA							Zip 30305-4047
Aff. Comm.							

Itemized Contribution Page Total

\$800.00

\$0.00

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 / Business Name E. Kendrick	Date 09/14/2017	Occupation Attorney	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name Smith								
Address 2843 Habersham Rd NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Jones Day			Description	
City Atlanta								
State GA								Zip 30305-2939
Aff. Comm.								
First Name / Business Name Pamela J.	Date 09/25/2017	Occupation President	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Smith								
Address 120 Hammond Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self Employed			Description	
City Atlanta								
State GA								Zip 30328-4806
Aff. Comm.								
First Name / Business Name Roxanne	Date 09/30/2017	Occupation Volunteer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00			
Last Name Smith								
Address 2405 Woodward Way NW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer None			Description	
City Atlanta								
State GA								Zip 30305-4047
Aff. Comm.								

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Cara	Date 09/25/2017	Occupation Chief Development Officer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Snow					
Address 341 Irwin St NE					
Address2					
City Atlanta					
State GA					Zip 30312-1545
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Technology Association of Georgia			Description
First Name / Business Name Amy	Date 09/28/2017	Occupation Art Advisory	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Snyder					
Address 315 Vickers Dr NE					
Address2					
City Atlanta					
State GA					Zip 30307-1264
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
First Name / Business Name Martha	Date 08/02/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Solano					
Address 3750 Peachtree Rd NE					
Address2 Apt 475					
City Atlanta					
State GA					Zip 30319-1322
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Martha	Date 09/27/2017	Occupation 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 2017	Cash Amt. \$150.00	Est. Value \$0.00
Last Name Solano					
Address 3750 Peachtree Rd NE					
Address2 Apt 475	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
City Atlanta					
State GA				Zip 30319-1322	
Aff. Comm.					
First Name / Business Name Jessica	Date 09/30/2017	Occupation Advertising	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Sours					
Address 2536 Ridgewood Rd NW					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Moxie			Description
City Atlanta					
State GA				Zip 30318-1318	
Aff. Comm.					
First Name / Business Name Dixie	Date 09/13/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Speck					
Address 430 The North Chace					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
City Sandy Springs					
State GA				Zip 30328-4250	
Aff. Comm.					

Itemized Contribution Page Total

\$352.00

\$0.00

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 / Business Name Mia	Date 09/26/2017	Occupation mom	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Spolan						
Address 87 Peachtree Battle Ave NW						
Address2						
City Atlanta						
State GA					Zip 30305-4109	
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self			Description	
First Name / Business Name Barry L	Date 09/30/2017	Occupation Engineer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Spurlock						
Address 109 Peachtree Cir NE						
Address2						
City Atlanta						
State GA					Zip 30309-3204	
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Spurlock & associates inc			Description	
First Name / Business Name Mark	Date 09/20/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name St,Clare						
Address 1301 Peachtree St NE						
Address2 Unit 3A						
City Atlanta						
State GA					Zip 30309-3503	
Aff. Comm.						
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	

Itemized Contribution Page Total

\$303.00

\$0.00

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 / Business Name Christine Thompson	Date 09/05/2017	Occupation 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 2017	Cash Amt. \$2,198.00	Est. Value \$0.00	
Last Name St. Clare						
Address 1301 Peachtree St NE						
Address2 Unit 3-A					<input checked="" type="checkbox"/> Monetary	Description
City Atlanta					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30309-3503					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name William F.	Date 09/14/2017	Occupation Attorney	<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 2017	Cash Amt. \$1,250.00	Est. Value \$0.00	
Last Name Stevens						
Address 254 Chastain Cmns NW						
Address2					<input checked="" type="checkbox"/> Monetary	Description
City Atlanta					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30342-3615					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Michael	Date 09/30/2017	Occupation Executive	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Stewart						
Address 1261 Lanier Blvd NE						
Address2					<input checked="" type="checkbox"/> Monetary	Description
City Atlanta					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30306-3365					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						

Itemized Contribution Page Total

\$4,448.00

\$0.00

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 / Business Name Laura	Date 09/06/2017	Occupation self employed	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Stiles					
Address 2795 Peachtree Rd NE					
Address2 Unit 2501					
City Atlanta					
State GA					Zip 30305-3794
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self employed			Description
First Name / Business Name David P.	Date 09/14/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Stockert					
Address 1665 Lazy River Ln					
Address2					
City Atlanta					
State GA					Zip 30350-3523
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Michael	Date 08/30/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Stoecker					
Address 2858 N Hills Dr NE					
Address2					
City Atlanta					
State GA					Zip 30305-3210
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Michael A	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Stoecker					Description	
Address 2858 N Hills Dr NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
City Atlanta						
State GA						Zip 30305-3210
Aff. Comm.						
First Name / Business Name Michael A	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Stoecker					Description	
Address 2858 N Hills Dr NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
City Atlanta						
State GA						Zip 30305-3210
Aff. Comm.						
First Name / Business Name Esther	Date 09/20/2017	Occupation landscape designer	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Stokes					Description	
Address 129 Palisades Rd NE						
Address2 Palisades Rd.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Atlanta						
State GA						Zip 30309-1532
Aff. Comm.						

Itemized Contribution Page Total

\$601.00

\$0.00

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 / Business Name Lisa G	Date 08/17/2017	Occupation Self	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Stone					
Address 70 1st Ave SE					
Address2					
City Atlanta					
State GA					Zip 30317-2730
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description
First Name / Business Name Lisa G	Date 09/28/2017	Occupation Self	<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 2017	Cash Amt. \$10.00	Est. Value \$0.00
Last Name Stone					
Address 70 1st Ave SE					
Address2					
City Atlanta					
State GA					Zip 30317-2730
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description
First Name / Business Name Timothy J	Date 09/29/2017	Occupation Teacher/Coach	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Storsteen					
Address 4791 Langford Ct SW					
Address2					
City Mableton					
State GA					Zip 30126-1473
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta Public Schools			Description

Itemized Contribution Page Total

\$161.00

\$0.00

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 / Business Name Bruce Newton Last Name Street Address 3436 Valley Rd NW Address2 City Atlanta State GA Zip 30305-1169 Aff. Comm.	Date 09/29/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Managing Member Employer Xcelerate Group, LLC	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00 Description
First Name / Business Name Randall Last Name Street Address 4045 Conway Valley Rd NW Address2 City Atlanta State GA Zip 30327-3605 Aff. Comm.	Date 09/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Consultant Employer ghSMART & Co, Inc	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00 Description
First Name / Business Name Susan Green Miller PC Last Name Address 400 Perimeter Center Ter NE Address2 Ste 900 City Atlanta State GA Zip 30346-1236 Aff. Comm.	Date 08/31/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$452.00

\$0.00

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 / Business Name Alexander Last Name Taylor Address 229 Nacoochee Dr NW Address2 City Atlanta State GA Zip 30305-4107 Aff. Comm.	Date 09/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Media executive Employer Cox enterprises	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00 Description
First Name / Business Name Charles Last Name Taylor Address 197 14th St NW Address2 Ste 250 City Atlanta State GA Zip 30318-7819 Aff. Comm.	Date 09/29/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation CEO Employer HT Group, LLC	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Troy T. Last Name Taylor Address 3015 Sugarloaf Pkwy Address2 City Duluth State GA Zip 30097 Aff. Comm.	Date 08/31/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Insurance Broker Employer Healthcare Solutions Team	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$1,101.00

\$0.00

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 / Business Name Beau	Date 08/09/2017	Occupation real estate	<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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Terrell					
Address 1669 Fearn Cir NE					
Address2					
City Brookhaven					
State GA					Zip 30319-3511
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Highgate Partners			Description
First Name / Business Name The M and M Caines Group	Date 09/15/2017	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 2017	Cash Amt. \$150.00	Est. Value \$0.00
Last Name					
Address 6555 Sugarloaf Pkwy					
Address2					
City Duluth					
State GA					Zip 30097-4930
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
First Name / Business Name The M&M Caines Group, Inc.	Date 08/18/2017	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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name					
Address 6555 Sugarloaf Pkwy					
Address2 Ste 307-244					
City Duluth					
State GA					Zip 30097-4930
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contribution Page Total

\$900.00

\$0.00

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 / Business Name Clarice	Date 08/24/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Theisen					
Address 2730 Chandon Pl					
Address2					
City Alpharetta					
State GA					Zip 30022-4016
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			Description
First Name / Business Name Clarice	Date 09/20/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Theisen					
Address 2730 Chandon Pl					
Address2					
City Alpharetta					
State GA					Zip 30022-4016
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			Description
First Name / Business Name Clarice	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Theisen					
Address 2730 Chandon Pl					
Address2					
City Alpharetta					
State GA					Zip 30022-4016
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			Description

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Thought Capital	Date 09/29/2017	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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name								
Address PO Box 8960								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City Atlanta								
State GA								Zip 31106-0960
Aff. Comm.								
First Name / Business Name Teresa	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name Tingle-Heppner								
Address 1934 Durand Mill Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30307-1173
Aff. Comm.								
First Name / Business Name Terri	Date 09/25/2017	Occupation 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 2017	Cash Amt. \$202.00	Est. Value \$0.00			
Last Name Tingle-Heppner								
Address 1934 Durand Mill Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired			Description	
City Atlanta								
State GA								Zip 30307-1173
Aff. Comm.								

Itemized Contribution Page Total

\$1,202.00

\$0.00

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 / Business Name Donald	Date 08/30/2017	Occupation Tax consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Toth					
Address 1477 Peachtree Battle Ave NW					
Address2					
City Atlanta					
State GA					Zip 30327-1425
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Vann Whipple Milligan PC			Description
First Name / Business Name Kerry	Date 09/28/2017	Occupation Marketing Professional	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Trivers					
Address 3180 Mathieson Dr NE					
Address2 Unit 1105					
City Atlanta					
State GA					Zip 30305-1874
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Premiere Global Series, Inc.			Description
First Name / Business Name Edith M.	Date 09/05/2017	Occupation 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 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Tucker					
Address 13 Cold Brook Rd					
Address2					
City Randolph					
State NH					Zip 03593-5105
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description

Itemized Contribution Page Total

\$1,250.00

\$0.00

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 / Business Name Melanie Last Name Turner Address 425 Peachtree Hills Ave NE Address2 Ste 31A City Atlanta State GA Zip 30305-4557 Aff. Comm.	Date 09/07/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Interior Designer Employer Self Employed	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name United Distributors Inc Last Name Address 5500 United Dr SE Address2 City Smyrna State GA Zip 30082-4755 Aff. Comm.	Date 09/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation 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 checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00 Description
First Name / Business Name United Distributors Inc Last Name Address 5500 United Dr SE Address2 City Smyrna State GA Zip 30082-4755 Aff. Comm.	Date 09/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$4,500.00

\$0.00

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 / Business Name Matt Paul	Date 07/25/2017	Occupation Teacher	<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 2017	Cash Amt. \$12.00	Est. Value \$0.00
Last Name Vieron					
Address 620 Peachtree St NE					
Address2 Apt 1206	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description
City Atlanta					
State GA				Zip 30308-2372	
Aff. Comm.					
First Name / Business Name Matt Paul	Date 08/25/2017	Occupation Teacher	<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 2017	Cash Amt. \$12.00	Est. Value \$0.00
Last Name Vieron					
Address 620 Peachtree St NE					
Address2 Apt 1206	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description
City Atlanta					
State GA				Zip 30308-2372	
Aff. Comm.					
First Name / Business Name Matt Paul	Date 09/25/2017	Occupation Teacher	<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 2017	Cash Amt. \$12.00	Est. Value \$0.00
Last Name Vieron					
Address 620 Peachtree St NE					
Address2 Apt 1206	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description
City Atlanta					
State GA				Zip 30308-2372	
Aff. Comm.					

Itemized Contribution Page Total

\$36.00

\$0.00

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 / Business Name Matthew	Date 09/30/2017	Occupation Teacher	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Vieron						
Address 620 Peachtree St NE						
Address2 1206	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description	
City Atlanta						
State GA						Zip 30308-2351
Aff. Comm.						
First Name / Business Name Jane	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Von Seggern						
Address 18 Howell Mill Plantation NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description	
City Atlanta						
State GA						Zip 30327-1658
Aff. Comm.						
First Name / Business Name Terri Jackson	Date 09/03/2017	Occupation Business Owner / Executive	<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 2017	Cash Amt. \$505.00	Est. Value \$0.00	
Last Name Wade						
Address 770 Wilson Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Trophikos, LLC			Description	
City Atlanta						
State GA						Zip 30318-1723
Aff. Comm.						

Itemized Contribution Page Total

\$707.00

\$0.00

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 / Business Name Terri Jackson	Date 09/03/2017	Occupation Business Owner / Executive	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Wade					
Address 770 Wilson Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-1723
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Trophikos, LLC			Description
First Name / Business Name Kathleen	Date 09/25/2017	Occupation Homemaker	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Waldrop					
Address 128 Huntington Rd NE					
Address2					
City Atlanta					
State GA					Zip 30309-1504
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homemaker			Description
First Name / Business Name Leslie E.	Date 09/14/2017	Occupation 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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ward					
Address 750 Lake Ave NE					
Address2 Bsmt OF					
City Atlanta					
State GA					Zip 30307-2452
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Leslie E.	Date 09/29/2017	Occupation 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 2017	Cash Amt. \$50.00	Est. Value \$0.00
Last Name Ward					
Address 750 Lake Ave NE					
Address2 Bsmt OF					
City Atlanta					
State GA					Zip 30307-2452
Aff. Comm.					
First Name / Business Name Leslie E.	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$51.00	Est. Value \$0.00
Last Name Ward					
Address 750 Lake Ave NE					
Address2 Bsmt OF					
City Atlanta					
State GA					Zip 30307-2452
Aff. Comm.					
First Name / Business Name Lisa Marie	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Wardlaw					
Address 4207 Beverly Ln NE					
Address2					
City Atlanta					
State GA					Zip 30342-3441
Aff. Comm.					

Itemized Contribution Page Total

\$202.00

\$0.00

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 / Business Name Gwyneth	Date 09/30/2017	Occupation 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 2017	Cash Amt. \$150.00	Est. Value \$0.00
Last Name Webb					
Address 3750 Peachtree Rd NE					
Address2					
City Atlanta					
State GA					Zip 30319-1322
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer self			
First Name / Business Name Marc D.	Date 08/18/2017	Occupation President	<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 2017	Cash Amt. \$1,500.00	Est. Value \$0.00
Last Name Weinberg					
Address 3280 Northside Pkwy NW					
Address2 Apt 513					
City Atlanta					
State GA					Zip 30327-2264
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Shopping Center Group			
First Name / Business Name Ladan	Date 09/21/2017	Occupation Designer	<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 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Whitmire					
Address 2331 Loraine St NE					
Address2					
City Brookhaven					
State GA					Zip 30319-3307
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			

Itemized Contribution Page Total

\$4,250.00

\$0.00

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 / Business Name Mark	Date 09/29/2017	Occupation Self Employed	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Whitmire					
Address 2331 Loraine St NE					
Address2					
City Brookhaven					
State GA					Zip 30319-3307
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			
First Name / Business Name J. Thomas	Date 09/20/2017	Occupation Banker	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Wiley					
Address 3850 Tuxedo Rd NW					
Address2					
City Atlanta					
State GA					Zip 30342-4034
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer State Bank and Trust			
First Name / Business Name Angela	Date 09/27/2017	Occupation Realtor	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Williams					
Address 310 Gemstone Pl					
Address2					
City Atlanta					
State GA					Zip 30349-8432
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			

Itemized Contribution Page Total

\$2,101.00

\$0.00

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 / Business Name Anna Ruth	Date 09/28/2017	Occupation PR Executive	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Williams					Description	
Address 791 Wylie St SE						
Address2 Apt 1112	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ARPR				
City Atlanta						
State GA						Zip 30316-7208
Aff. Comm.						
First Name / Business Name Polly	Date 09/30/2017	Occupation principal	<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 2017	Cash Amt. \$50.00	Est. Value \$0.00	
Last Name Williams					Description	
Address 1215 E Beechwood Dr NW						
Address2 4049153465	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School				
City Atlanta						
State GA						Zip 30327-2707
Aff. Comm.						
First Name / Business Name Sam	Date 09/29/2017	Occupation CEO	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Williams					Description	
Address 3986 Powers Ferry Rd NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Business City Partnerships				
City Atlanta						
State GA						Zip 30342-4000
Aff. Comm.						

Itemized Contribution Page Total

\$651.00

\$0.00

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 / Business Name James G	Date 09/28/2017	Occupation Loan Officer	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Williamson					
Address 3624 Cantrell Rd NE					
Address2					
City Atlanta					
State GA					Zip 30319-1305
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Shelterr Lending			Description
First Name / Business Name Donna	Date 09/29/2017	Occupation Homemaker	<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 2017	Cash Amt. \$750.00	Est. Value \$0.00
Last Name Wilson					
Address 1720 Conway Isle Cir					
Address2					
City Belle Isle					
State FL					Zip 32809-3500
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
First Name / Business Name Ryan	Date 09/29/2017	Occupation CEO	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Wilson					
Address 1058 Piedmont Ave NE					
Address2 Bldg 100					
City Atlanta					
State GA					Zip 30309-3746
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Gathering Spot			Description

Itemized Contribution Page Total

\$952.00

\$0.00

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 / Business Name Jen	Date 09/14/2017	Occupation Desinger/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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Wimpfheimer					
Address 5178 Lake Forrest Dr					
Address2					
City Atlanta					
State GA					Zip 30342-2219
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GameDay girl			Description
First Name / Business Name Jennifer	Date 09/22/2017	Occupation Desinger/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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Wimpfheimer					
Address 5178 Lake Forrest Dr					
Address2					
City Atlanta					
State GA					Zip 30342-2219
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GameDay girl			Description
First Name / Business Name Loren	Date 09/05/2017	Occupation Real Estate Investor	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Wimpfheimer					
Address 5178 Lake Forrest Dr					
Address2					
City Atlanta					
State GA					Zip 30342-2219
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Capkey Real Estate			Description

Itemized Contribution Page Total

\$2,101.00

\$0.00

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 / Business Name Erin	Date 08/28/2017	Occupation Consultant	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Wolf					
Address 135 Avery Dr NE					
Address2					
City Atlanta					
State GA					Zip 30309-2700
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SuiteTrack LLC			Description
First Name / Business Name Erin	Date 09/07/2017	Occupation Consultant	<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 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Wolf					
Address 135 Avery Dr NE					
Address2					
City Atlanta					
State GA					Zip 30309-2700
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SuiteTrack LLC			Description
First Name / Business Name Mackenzie	Date 09/19/2017	Occupation Fundraiser	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Wood					
Address 206 Estoria St SE					
Address2					
City Atlanta					
State GA					Zip 30316-1110
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Literacy Action			Description

Itemized Contribution Page Total

\$702.00

\$0.00

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 / Business Name Diane E	Date 09/29/2017	Occupation Choral Director	<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 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Woodard					
Address 2050 Golfview Dr NW					
Address2					
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Galloway School			Description
State GA					
Zip 30309-1210					
Aff. Comm.					
First Name / Business Name Reid	Date 09/21/2017	Occupation CEO	<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 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Zeising					
Address 465 Hillside Dr NW					
Address2					
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cherokee Funding			Description
State GA					
Zip 30342-3644					
Aff. Comm.					

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.) Lisa Bael		1. 09/30/2017	First Name		1.
Lender Last Name Aman		2. \$250,000.00	Last Name		2.
Address 4220 Beverly Ln NE		3. <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	Address		3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name <input checked="" type="checkbox"/> Other _____
Address2			Address2		
City Atlanta			City		
State GA	Zip 30342-3442		State	Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$250,000.00

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

** 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 Friends of Peter Aman, IncPage 165 of 350

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name 993 Marietta Street LLC	Date 07/01/2017	Occupation	Rent	\$500.00
Last Name	<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		
Address 709 Canton Rd NE				
Address2 Ste 240				
City Marietta				
State GA				
First Name 993 Marietta Street LLC	Date 08/25/2017	Occupation	Rent	\$1,000.00
Last Name	<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		
Address 709 Canton Rd NE				
Address2 Ste 240				
City Marietta				
State GA				
First Name AAA Parking	Date 08/30/2017	Occupation	Parking fee	\$6.00
Last Name	<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		
Address 1100 Spring St NW				
Address2 Ste 800				
City Atlanta				
State GA				

Page Total \$1,506.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name AAA Parking	Date 09/15/2017	Occupation	Parking fee	\$15.00
Last Name	<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		
Address 1100 Spring St NW				
Address2 Ste 800				
City Atlanta				
State GA				
First Name Across the Street	Date 09/05/2017	Occupation	Event Expenses	\$300.00
Last Name	<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		
Address 668 Highland Ave NE				
Address2				
City Atlanta				
State GA				
First Name Jon C	Date 08/18/2017	Occupation Staff	Contract Worker	\$93.75
Last Name Allen	<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 Friends of Peter Aman, Inc.		
Address 996 Welch St SE				
Address2				
City Atlanta				
State GA				

Page Total \$408.75

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jon C		Date 08/25/2017	Occupation Staff	Contract Worker	\$54.45
Last Name Allen		<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 Friends of Peter Aman, Inc.		
Address 996 Welch St SE					
Address2					
City Atlanta					
State GA	Zip 30315-5504				
First Name Jon C		Date 09/15/2017	Occupation Staff	Contract Worker	\$102.85
Last Name Allen		<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 Friends of Peter Aman, Inc.		
Address 996 Welch St SE					
Address2					
City Atlanta					
State GA	Zip 30315-5504				
First Name Jon C		Date 09/22/2017	Occupation Staff	Contract Worker	\$93.78
Last Name Allen		<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 Friends of Peter Aman, Inc.		
Address 996 Welch St SE					
Address2					
City Atlanta					
State GA	Zip 30315-5504				

Page Total \$251.08

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jon C	Date 09/29/2017	Occupation Staff	Contract Worker	\$187.55
Last Name Allen	<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 Friends of Peter Aman, Inc.		
Address 996 Welch St SE				
Address2				
City Atlanta				
State GA				
First Name Khadija	Date 07/07/2017	Occupation Field	Contract Worker	\$254.10
Last Name Allen	<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 Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct				
Address2				
City Lithonia				
State GA				
First Name Khadija	Date 07/14/2017	Occupation Field	Contract Worker	\$296.45
Last Name Allen	<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 Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct				
Address2				
City Lithonia				
State GA				

Page Total \$738.10

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khadija	Date 07/21/2017	Occupation Field	Contract Worker	\$251.08
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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 Khadija	Date 07/28/2017	Occupation Field	Contract Worker	\$202.68
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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 Khadija	Date 08/04/2017	Occupation Field	Contract worker	\$111.92
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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			

Page Total \$565.68

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khadija	Date 08/11/2017	Occupation Field	Contract worker	\$187.55
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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 Khadija	Date 08/18/2017	Occupation Field	Contract worker	\$163.35
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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 Khadija	Date 08/25/2017	Occupation Field	Contract Worker	\$54.45
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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			

Page Total \$405.35

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khadija	Date 09/15/2017	Occupation Field	Contract Worker	\$382.50
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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 Khadija	Date 09/22/2017	Occupation Field	Contract Worker	\$63.75
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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 Khadija	Date 09/29/2017	Occupation Field	Contract Worker	\$183.75
Last Name Allen	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6866 Edmonton Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058-6062	<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			

Page Total \$630.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Amazon	Date 08/10/2017	Occupation	Supplies	\$10.88
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 08/15/2017	Occupation	Supplies	\$36.99
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 08/25/2017	Occupation	Supplies	\$39.03
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				

Page Total \$86.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Amazon	Date 08/28/2017	Occupation	Supplies	\$397.48
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/07/2017	Occupation	Supplies	\$25.99
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/19/2017	Occupation	Supplies	\$35.00
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				

Page Total \$458.47

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Amazon	Date 09/22/2017	Occupation	Supplies	\$82.95
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/27/2017	Occupation	Supplies	\$39.99
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/29/2017	Occupation	Returned supplies	-\$105.98
Last Name	<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		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				

Page Total \$16.96

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Atlanta Jewish Times	Date 09/15/2017	Occupation	Print Advertisement	\$500.00
Last Name	<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		
Address 270 Carpenter Dr				
Address2 Ste 320				
City Atlanta				
State GA		Zip 30328-4933		
First Name Atrium on Sweet Auburn	Date 09/05/2017	Occupation	Event facility rental	\$780.00
Last Name	<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		
Address 236 Auburn Ave NE				
Address2				
City Atlanta				
State GA		Zip 30303-2605		
First Name Atrium Sweet Auburn	Date 07/05/2017	Occupation	Event Expenses	\$595.00
Last Name	<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		
Address 250 Auburn Ave NE				
Address2				
City Atlanta				
State GA		Zip 30303-2614		

Page Total \$1,875.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jordan		Date 07/14/2017	Occupation Field	Contract Worker	\$242.00
Last Name Barry		<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 Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW					
Address2 Unit 122					
City Atlanta					
State GA	Zip 30331-5879				
First Name Jordan		Date 07/14/2017	Occupation Field	Contract Worker	\$242.00
Last Name Barry		<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 Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW					
Address2 Unit 122					
City Atlanta					
State GA	Zip 30331-5879				
First Name Jordan		Date 07/19/2017	Occupation Field	Contract Worker	\$157.30
Last Name Barry		<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 Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW					
Address2 Unit 122					
City Atlanta					
State GA	Zip 30331-5879				

Page Total \$641.30

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jordan	Date 08/04/2017	Occupation Field	Contract Worker	\$163.35
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			
First Name Jordan	Date 08/08/2017	Occupation Field	Parking fee	\$12.00
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			
First Name Jordan	Date 08/11/2017	Occupation Field	Contract Worker	\$211.75
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			

Page Total \$387.10

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jordan	Date 08/25/2017	Occupation Field	Contract Worker	\$108.90
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			
First Name Jordan	Date 08/25/2017	Occupation Field	Contract Worker	\$108.90
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			
First Name Jordan	Date 09/01/2017	Occupation Field	Contract worker	\$151.25
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			

Page Total \$369.05

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jordan	Date 09/05/2017	Occupation Field	Field Operation	\$67.50
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			
First Name Jordan	Date 09/07/2017	Occupation Field	Field Operation	\$108.90
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			
First Name Jordan	Date 09/21/2017	Occupation Field	Contract Worker	\$153.75
Last Name Barry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Unit 122				
City Atlanta				
State GA	Zip 30331-5879			

Page Total \$330.15

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jordan	Date 09/29/2017	Occupation Field	Consultant	\$187.50
Last Name Barry	<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 Friends of Peter Aman, Inc.		
Address 2150 Southwood Cv SW				
Address2 Unit 122				
City Atlanta				
State GA				
First Name Rustin	Date 09/29/2017	Occupation Staff	Contract Worker	\$217.80
Last Name Bennett	<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 Friends of Peter Aman		
Address 270 17th St NW				
Address2				
City Atlanta				
State GA				
First Name Bridgemon	Date 07/07/2017	Occupation Field	Contract Worker	\$314.60
Last Name Bolger	<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 Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr				
Address2				
City Stone Mountain				
State GA				

Page Total \$719.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Bridgemon	Date 07/14/2017	Occupation Field	Contract Worker	\$242.00
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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 Bridgemon	Date 07/21/2017	Occupation Field	Contract Worker	\$331.58
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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 Bridgemon	Date 07/28/2017	Occupation Field	Contract Worker	\$205.70
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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			

Page Total \$779.28

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Bridgemon	Date 08/04/2017	Occupation Field	Contract Worker	\$257.12
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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 Bridgemon	Date 08/11/2017	Occupation Field	Contract Worker	\$287.35
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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 Bridgemon	Date 08/25/2017	Occupation Field	Contract Worker	\$240.00
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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			

Page Total \$784.47

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Bridgemon	Date 09/08/2017	Occupation Field	Contract Worker	\$262.50
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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 Bridgemon	Date 09/15/2017	Occupation Field	Contract Worker	\$266.25
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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 Bridgemon	Date 09/22/2017	Occupation Field	Contract Worker	\$438.75
Last Name Bolger	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30088-2107	<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			

Page Total \$967.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Bridgemon	Date 09/29/2017	Occupation Field	Contract Worker	\$431.25
Last Name Bolger	<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 Friends of Peter Aman, Inc.		
Address 826 Lost Creek Cr				
Address2				
City Stone Mountain				
State GA				
First Name Bone Lick BBQ	Date 07/08/2017	Occupation	Event Expenses	\$188.35
Last Name	<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		
Address 327 Edgewood Ave SE				
Address2				
City Atlanta				
State GA				
First Name Clyde	Date 08/08/2017	Occupation Photography	Photography	\$100.00
Last Name Bradley	<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 Self Employed		
Address 717 Westhaven Drive				
Address2				
City Atlanta				
State GA				

Page Total \$719.60

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Clyde	Date 09/15/2017	Occupation Photography	Photographer	\$100.00
Last Name Bradley	<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 Self Employed		
Address 717 Westhaven Drive				
Address2				
City Atlanta				
State GA				
First Name Elizabeth	Date 08/04/2017	Occupation Staff	Contract Worker	\$54.45
Last Name Bryant	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				
First Name Elizabeth	Date 08/11/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Bryant	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				

Page Total \$263.35

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Elizabeth	Date 08/18/2017	Occupation Staff	Contract Worker	\$36.30
Last Name Bryant	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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 Elizabeth	Date 08/25/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Bryant	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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 Elizabeth	Date 09/08/2017	Occupation Staff	Contract Worker	\$135.00
Last Name Bryant	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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			

Page Total \$280.20

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Elizabeth	Date 09/15/2017	Occupation Staff	Contract Worker	\$135.00
Last Name Bryant	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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 Elizabeth	Date 09/22/2017	Occupation Staff	Contract Worker	\$135.00
Last Name Bryant	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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 Elizabeth	Date 09/29/2017	Occupation Staff	Contract Worker	\$127.50
Last Name Bryant	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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			

Page Total \$397.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Bunnell Ideas Group	Date 07/10/2017	Occupation	Event Expenses	\$1,100.00
Last Name	<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		
Address 999 Peachtree St NE				
Address2 Fl 5				
City Atlanta				
State GA				
First Name Butler Street	Date 07/07/2017	Occupation	Event Expenses	\$300.00
Last Name	<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		
Address 22 Jesse Hill Jr Dr NE				
Address2				
City Atlanta				
State GA				
First Name Charlotte	Date 07/18/2017	Occupation Student	Parking Fee Reimbursement	\$81.00
Last Name Carr	<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 Student		
Address 32 University Cir				
Address2 Apt 301				
City Charlottesville				
State VA				

Page Total \$1,481.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Charlotte	Date 08/02/2017	Occupation Student	Parking Fee Reimbursement	\$48.00
Last Name Carr	<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 Student		
Address 32 University Cir				
Address2 Apt 301				
City Charlottesville				
State VA				
First Name Diane	Date 08/01/2017	Occupation Staff	Contract Worker	\$54.45
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				
First Name Diane	Date 08/04/2017	Occupation Staff	Contract Worker	\$54.45
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				

Page Total \$156.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Diane	Date 08/11/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				
First Name Diane	Date 08/25/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				
First Name Diane	Date 08/25/2017	Occupation Staff	Field work	\$108.90
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				

Page Total \$326.70

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Diane	Date 09/06/2017	Occupation Staff	Contract Worker	\$36.30
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				
First Name Diane	Date 09/08/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				
First Name Diane	Date 09/15/2017	Occupation Staff	Field Operations	\$108.90
Last Name Carter	<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 Friends of Peter Aman		
Address 542 Mobile Avenue				
Address2				
City Atlanta				
State GA				

Page Total \$254.10

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Diane	Date 09/21/2017	Occupation Staff	Field Operations	\$108.90
Last Name Carter	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman		
Address 542 Mobile Avenue	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-5913	<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 Diane	Date 09/27/2017	Occupation Staff	Canvassing	\$36.00
Last Name Carter	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman		
Address 542 Mobile Avenue	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-5913	<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 Diane	Date 09/29/2017	Occupation Staff	Field Operations	\$102.85
Last Name Carter	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman		
Address 542 Mobile Avenue	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-5913	<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			

Page Total \$247.75

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

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Campaign Contribution Disclosure Report
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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name City of Atlanta False Alarm Reduction Program Last Name Address PO Box 936104 Address2 City Atlanta State GA Zip 31193-6104	Date 07/18/2017 <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	False Police Alarm	\$350.00
First Name City of Atlanta False Alarm Reduction Program Last Name Address PO Box 936104 Address2 City Atlanta State GA Zip 31193-6104	Date 07/31/2017 <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	False Police Alarm	\$425.00
First Name City of Atlanta Municipal Clerk Last Name Address 55 Trinity Ave SW Address2 City Atlanta State GA Zip 30303-3520	Date 08/22/2017 <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	Qualifying fee	\$5,529.00

Page Total \$6,304.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Emma	Date 09/22/2017	Occupation Staff	Contract Worker	\$90.75
Last Name Clark	<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 Friends of Peter Aman		
Address 592 Oconee St				
Address2				
City Athens				
State GA				
First Name Emma	Date 09/25/2017	Occupation Staff	Parking fee	\$24.00
Last Name Clark	<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 Friends of Peter Aman		
Address 592 Oconee St				
Address2				
City Athens				
State GA				
First Name Rick	Date 07/08/2017	Occupation Photograprer	Photographer	\$175.00
Last Name Clear	<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 Self Employed		
Address 180 Jackson St NE				
Address2 8202				
City Atlanta				
State GA				

Page Total \$289.75

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brandon	Date 07/07/2017	Occupation Information Requested	Contract Worker	\$105.88
Last Name Cleveland	<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 Information Requested		
Address 50 Mount Zion Rd SW				
Address2				
City Atlanta				
State GA				
First Name Brandon	Date 07/14/2017	Occupation Information Requested	Contract Worker	\$163.35
Last Name Cleveland	<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 Information Requested		
Address 50 Mount Zion Rd SW				
Address2				
City Atlanta				
State GA				
First Name Brandon	Date 07/21/2017	Occupation Information Requested	Contract Worker	\$217.80
Last Name Cleveland	<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 Information Requested		
Address 50 Mount Zion Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$487.03

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brandon	Date 07/28/2017	Occupation Information Requested	Contract Worker	\$124.02
Last Name Cleveland	<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 Information Requested		
Address 50 Mount Zion Rd SW				
Address2				
City Atlanta				
State GA				
First Name Brandon	Date 08/04/2017	Occupation Information Requested	Contract Worker	\$163.35
Last Name Cleveland	<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 Information Requested		
Address 50 Mount Zion Rd SW				
Address2				
City Atlanta				
State GA				
First Name Brandon	Date 08/11/2017	Occupation Information Requested	Contract Worker	\$54.45
Last Name Cleveland	<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 Information Requested		
Address 50 Mount Zion Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$341.82

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Melvin	Date 07/03/2017	Occupation Field Work	Field Operations	\$600.00
Last Name Collins	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Peter Aman for Mayor		
Address 3089 Washington Rd	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Apt 1				
City Atlanta				
State GA	Zip 30344-4440			
First Name Melvin	Date 07/14/2017	Occupation Field Work	Yard Signs Delivery	\$500.00
Last Name Collins	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Peter Aman for Mayor		
Address 3089 Washington Rd	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Apt 1				
City Atlanta				
State GA	Zip 30344-4440			
First Name Melvin	Date 07/27/2017	Occupation Field Work	Yard Signs Delivery	\$500.00
Last Name Collins	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Peter Aman for Mayor		
Address 3089 Washington Rd	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Apt 1				
City Atlanta				
State GA	Zip 30344-4440			

Page Total \$1,600.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Melvin	Date 08/14/2017	Occupation Field Work	Travel and supplies	\$600.00
Last Name Collins	<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 Peter Aman for Mayor		
Address 3089 Washington Rd				
Address2 Apt 1				
City Atlanta				
State GA				
First Name Melvin	Date 08/25/2017	Occupation Field Work	Field work	\$600.00
Last Name Collins	<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 Peter Aman for Mayor		
Address 3089 Washington Rd				
Address2 Apt 1				
City Atlanta				
State GA				
First Name Melvin	Date 09/01/2017	Occupation Field Work	Field Operations	\$300.00
Last Name Collins	<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 Peter Aman for Mayor		
Address 3089 Washington Rd				
Address2 Apt 1				
City Atlanta				
State GA				

Page Total \$1,500.00

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Melvin	Date 09/13/2017	Occupation Field Work	Yard Signs Delivery	\$300.00
Last Name Collins	<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 Peter Aman for Mayor		
Address 3089 Washington Rd				
Address2 Apt 1				
City Atlanta				
State GA				
First Name Melvin	Date 09/18/2017	Occupation Field Work	Yard Signs Delivery	\$525.00
Last Name Collins	<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 Peter Aman for Mayor		
Address 3089 Washington Rd				
Address2 Apt 1				
City Atlanta				
State GA				
First Name Condravrsy Films LLC	Date 07/27/2017	Occupation	Commercial Production Services	\$33,662.00
Last Name	<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		
Address 3731 Old Fairburn Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$34,487.00

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name T.J.	Date 07/01/2017	Occupation Political Director	Consultant	\$4,091.40
Last Name Copeland	<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 Peter Aman for Mayor		
Address 433 Highland Ave NE				
Address2 Apt 1160				
City Atlanta				
State GA				
First Name T.J.	Date 08/01/2017	Occupation Political Director	Consultant	\$5,350.00
Last Name Copeland	<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 Peter Aman for Mayor		
Address 433 Highland Ave NE				
Address2 Apt 1160				
City Atlanta				
State GA				
First Name T.J.	Date 09/01/2017	Occupation Political Director	Expense reimbursement	\$43.12
Last Name Copeland	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Peter Aman for Mayor		
Address 433 Highland Ave NE				
Address2 Apt 1160				
City Atlanta				
State GA				

Page Total \$9,484.52

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name The Varsity	Date 09/01/2017	Occupation	Lunch	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$43.12
Address 61 North Ave NW				
Address2				
City Atlanta				
State GA				
First Name T.J.	Date 09/05/2017	Occupation Political Director	Consulting and miles	\$5,350.00
Last Name Copeland	<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 Peter Aman for Mayor		
Address 433 Highland Ave NE				
Address2 Apt 1160				
City Atlanta				
State GA				
First Name Matthew	Date 07/20/2017	Occupation Field	Parking Fee Reimbursement	\$25.00
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				

Page Total \$5,375.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Matthew	Date 07/28/2017	Occupation Field	Contract worker	\$468.88
Last Name Copello	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-4437	<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 Matthew	Date 07/31/2017	Occupation Field	Parking Fee Reimbursment	\$30.00
Last Name Copello	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-4437	<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 Matthew	Date 08/04/2017	Occupation Field	Contract Worker	\$311.58
Last Name Copello	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-4437	<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			

Page Total \$810.46

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Matthew	Date 08/08/2017	Occupation Field	Parking	\$20.00
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				
First Name Matthew	Date 08/11/2017	Occupation Field	Contract Worker	\$326.70
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				
First Name Matthew	Date 08/18/2017	Occupation Field	Contract Worker	\$299.48
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				

Page Total \$646.18

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Matthew	Date 08/25/2017	Occupation Field	Contract Worker	\$255.00
Last Name Copello	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-4437	<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 Matthew	Date 08/25/2017	Occupation Field	Parking	\$20.00
Last Name Copello	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-4437	<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 Matthew	Date 09/06/2017	Occupation Field	Parking fee	\$25.00
Last Name Copello	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-4437	<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			

Page Total \$300.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Matthew	Date 09/08/2017	Occupation Field	Contract Worker	\$378.75
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				
First Name Matthew	Date 09/15/2017	Occupation Field	Contract Worker	\$360.00
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				
First Name Matthew	Date 09/22/2017	Occupation Field	Contract Worker	\$307.50
Last Name Copello	<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 Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE				
Address2				
City Atlanta				
State GA				

Page Total \$1,046.25

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Matthew	Date 09/29/2017	Occupation Field	Contract Worker	\$442.50
Last Name Copello	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 1943 Wee Kirk Rd SE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
Address2	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
City Atlanta				
State GA	Zip 30316-4437			
First Name Corner Tavern Little Five Points	Date 07/07/2017	Occupation	Event Expenses	\$167.57
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address 1174 Euclid Ave NE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
Address2	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
City Atlanta				
State GA	Zip 30307-1939			
First Name CounterPoint LLC	Date 07/14/2017	Occupation	Media Buy	\$99,384.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address 1440 Beddington Park	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
Address2	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
City Nashville				
State TN	Zip 37215-5812			

Page Total \$99,994.07

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name CounterPoint LLC	Date 09/27/2017	Occupation	Production	\$9,985.00
Last Name	<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		
Address 1440 Beddington Park				
Address2				
City Nashville				
State TN				
First Name Dentons LLP	Date 07/18/2017	Occupation	Legal Fees	\$6,444.50
Last Name	<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		
Address 303 Peachtree St NE				
Address2 Ste 5300				
City Atlanta				
State GA				
First Name Dentons LLP	Date 08/14/2017	Occupation	Legal Fees	\$4,170.00
Last Name	<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		
Address 303 Peachtree St NE				
Address2 Ste 5300				
City Atlanta				
State GA				

Page Total \$20,599.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Dentons LLP		Date 09/12/2017	Occupation	Legal Fees	\$5,530.50
Last Name		<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		
Address 303 Peachtree St NE					
Address2 Ste 5300					
City Atlanta					
State GA	Zip 30308-3265				
First Name Shana				Date 09/22/2017	Occupation Field
Last Name Dixon		<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 Friends of Peter Aman, Inc.		
Address 884 Neal St NW					
Address2					
City Atlanta					
State GA	Zip 30314-3258				
First Name Shana				Date 09/29/2017	Occupation Field
Last Name Dixon		<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 Friends of Peter Aman, Inc.		
Address 884 Neal St NW					
Address2					
City Atlanta					
State GA	Zip 30314-3258				

Page Total \$5,712.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name East Atlanta Strut	Date 08/30/2017	Occupation	Event registration	\$500.00
Last Name	<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		
Address PO Box 18252				
Address2				
City Atlanta				
State GA				
First Name East Lake Neighbors Community Association	Date 07/20/2017	Occupation	Sponsorship	\$1,000.00
Last Name	<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		
Address 301 E Lake Blvd SE				
Address2				
City Atlanta				
State GA				
First Name Einstein's Brothers	Date 07/06/2017	Occupation	Event Expenses	\$91.68
Last Name	<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		
Address 800 Peachtree St NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,591.68

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Einstein's Brothers Last Name Address 800 Peachtree St NE Address2 City Atlanta State GA Zip 30308-1245	Date 08/02/2017 <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	Food for event	\$34.06
First Name Rachel Last Name Elder Address 2176 Silver Hill Rd Address2 2176 Silver Hill Rd City Stone Mtn State GA Zip 30087-1733	Date 07/14/2017 <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 Contract Worker Employer Friends of Peter Aman, Inc.	Contract Worker	\$205.70
First Name Rachel Last Name Elder Address 2176 Silver Hill Rd Address2 2176 Silver Hill Rd City Stone Mtn State GA Zip 30087-1733	Date 07/21/2017 <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 Contract Worker Employer Friends of Peter Aman, Inc.	Contract Worker	\$108.90

Page Total \$348.66

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Empire State South	Date 09/27/2017	Occupation	Interfaith Prayer Breakfast	\$774.89
Last Name	<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		
Address 999 Peachtree St NE				
Address2				
City Atlanta				
State GA				
First Name Tomorrow	Date 09/29/2017	Occupation Field Contractor	Yard Signs Delivery	\$400.00
Last Name Evans	<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 Self Employed		
Address 5894 Giles Rd				
Address2				
City Lithonia				
State GA				
First Name First Data Corporation	Date 07/03/2017	Occupation	Credit card merchant fees	\$3,015.84
Last Name	<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		
Address 5565 Glenridge Dr				
Address2 # 2000				
City Atlanta				
State GA				

Page Total \$4,190.73

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name First Data Corporation	Date 08/03/2017	Occupation	Credit card merchant fees	\$1,269.97
Last Name	<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		
Address 5565 Glenridge Dr				
Address2 # 2000				
City Atlanta				
State GA				
First Name First Data Corporation	Date 09/05/2017	Occupation	Credit card merchant fees	\$627.15
Last Name	<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		
Address 5565 Glenridge Dr				
Address2 # 2000				
City Atlanta				
State GA				
First Name Caleb	Date 09/22/2017	Occupation Staff	Contract Worker	\$96.80
Last Name Floyd	<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 Friends of Peter Aman, Inc.		
Address 2063 Luxuria Ct				
Address2				
City Tucker				
State GA				

Page Total \$1,993.92

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Caleb	Date 09/29/2017	Occupation Staff	Contract Worker	\$72.60
Last Name Floyd	<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 Friends of Peter Aman, Inc.		
Address 2063 Luxuria Ct				
Address2				
City Tucker				
State GA				
First Name Anna K	Date 07/01/2017	Occupation Consultant	Consultant	\$6,000.00
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				
First Name Anna K	Date 07/01/2017	Occupation Consultant	Consultant	\$736.70
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				

Page Total \$6,809.30

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Anna K	Date 07/11/2017	Occupation Consultant	Parking Fee Reimbursement	\$57.99
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				
First Name Anna K	Date 07/31/2017	Occupation Consultant	Consultant	\$6,000.00
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				
First Name Anna K	Date 09/01/2017	Occupation Consultant	Consultant	\$6,000.00
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				

Page Total \$12,057.99

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Anna K	Date 09/01/2017	Occupation Consultant	Consultant	\$393.49
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				
First Name Anna K	Date 09/05/2017	Occupation Consultant	Gas Cards	\$125.00
Last Name Foote	<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 Self Employed		
Address 800 Peachtree St NE				
Address2 Apt 8317				
City Atlanta				
State GA				
First Name Ga. P. Management	Date 07/18/2017	Occupation	Field Mangement	\$27,447.75
Last Name	<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		
Address 3588 Hwy 138 Suite 254				
Address2				
City Stockbridge				
State GA				

Page Total \$27,966.24

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Ga. P. Management	Date 07/26/2017	Occupation	Refund of Field Management Fees Due to Vendor Contract Cancellation on 7/19	-\$10,000.00
Last Name	<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		
Address 3588 Hwy 138 Suite 254				
Address2				
City Stockbridge				
State GA				
First Name Marquis	Date 07/08/2017	Occupation self-employed	Event Expenses	\$300.00
Last Name Gabriel	<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 Self-Employed		
Address 2614 Monterey Pkwy				
Address2 2614 Monterey Parkway				
City Atlanta				
State GA				
First Name Kolbey	Date 07/07/2017	Occupation Field	Contract Worker	\$495.00
Last Name Gardner	<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 Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW				
Address2				
City Atlanta				
State GA				

Page Total -\$9,205.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Kolbey	Date 07/21/2017	Occupation Field	Contract Worker	\$300.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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 Kolbey	Date 08/04/2017	Occupation Field	Contract Worker	\$360.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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 Kolbey	Date 08/11/2017	Occupation Field	Contract Worker	\$330.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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			

Page Total \$990.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Kolbey	Date 08/18/2017	Occupation Field	Contract Worker	\$375.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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 Kolbey	Date 08/25/2017	Occupation Field	Contract Worker	\$450.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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 Kolbey	Date 09/08/2017	Occupation Field	Contract Worker	\$300.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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			

Page Total \$1,125.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Kolbey	Date 09/15/2017	Occupation Field	Contract Worker	\$420.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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 Kolbey	Date 09/22/2017	Occupation Field	Contract Worker	\$450.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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 Kolbey	Date 09/29/2017	Occupation Field	Contract Worker	\$450.00
Last Name Gardner	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 921 Westmoreland Cir NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-4021	<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			

Page Total \$1,320.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Georgia Voice		Date 08/08/2017	Occupation	Advertising	\$600.00
Last Name		<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		
Address PO Box 77401					
Address2					
City Atlanta					
State GA	Zip 30357-1401				
First Name Georgia Voice		Date 08/17/2017	Occupation	Advertising	\$600.00
Last Name		<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		
Address PO Box 77401					
Address2					
City Atlanta					
State GA	Zip 30357-1401				
First Name Georgia Voice		Date 09/28/2017	Occupation	Print Advertisement	\$600.00
Last Name		<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		
Address PO Box 77401					
Address2					
City Atlanta					
State GA	Zip 30357-1401				

Page Total \$1,800.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Benjamin	Date 07/01/2017	Occupation Student	Parking Fee Reimbursement	\$17.00
Last Name Gitelman-Fonseca	<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 Student		
Address 5104 52nd Ct NW				
Address2				
City Washington				
State DC				
First Name Benjamin	Date 07/14/2017	Occupation Student	Contract Worker	\$48.40
Last Name Gitelman-Fonseca	<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 Student		
Address 5104 52nd Ct NW				
Address2				
City Washington				
State DC				
First Name Benjamin	Date 07/17/2017	Occupation Student	Parking Fee Reimbursement	\$17.00
Last Name Gitelman-Fonseca	<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 Student		
Address 5104 52nd Ct NW				
Address2				
City Washington				
State DC				

Page Total \$82.40

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Benjamin	Date 07/18/2017	Occupation Student	Parking Fee Reimbursement	\$12.00
Last Name Gitelman-Fonseca	<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 Student		
Address 5104 52nd Ct NW				
Address2				
City Washington				
State DC				
First Name Benjamin	Date 07/21/2017	Occupation Student	Contract Worker	\$60.50
Last Name Gitelman-Fonseca	<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 Student		
Address 5104 52nd Ct NW				
Address2				
City Washington				
State DC				
First Name Benjamin	Date 08/04/2017	Occupation Student	Contract Worker	\$54.45
Last Name Gitelman-Fonseca	<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 Student		
Address 5104 52nd Ct NW				
Address2				
City Washington				
State DC				

Page Total \$126.95

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Gordon Biersch	Date 08/16/2017	Occupation	Event Expenses	\$410.45
Last Name	<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		
Address 848 Peachtree St NE				
Address2				
City Atlanta				
State GA				
First Name Grasshopper Group LLC	Date 07/03/2017	Occupation	Software	\$250.40
Last Name	<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		
Address 197 1st Ave				
Address2 Ste 200				
City Needham Heights				
State MA				
First Name Grasshopper Group LLC	Date 08/08/2017	Occupation	Software	\$32.57
Last Name	<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		
Address 197 1st Ave				
Address2 Ste 200				
City Needham Heights				
State MA				

Page Total \$693.42

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Grasshopper Group LLC	Date 09/03/2017	Occupation	Software	\$59.36
Last Name	<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		
Address 197 1st Ave				
Address2 Ste 200				
City Needham Heights				
State MA				
First Name Greggo Lee Films	Date 08/07/2017	Occupation	Photography	\$422.94
Last Name	<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		
Address 50 Hurt Plz SE				
Address2				
City Atlanta				
State GA				
First Name Gridquire	Date 07/01/2017	Occupation	Mobile Advertising	\$7,040.00
Last Name	<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		
Address 888 3rd St NW				
Address2				
City Atlanta				
State GA				

Page Total \$7,522.30

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Harrittia	Date 07/01/2017	Occupation Finance Consultant	Consultant	\$4,000.00
Last Name Harper	<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 Self Employed		
Address 4524 Queen Anne Ct SE				
Address2				
City Mableton				
State GA				
First Name Harrittia	Date 07/31/2017	Occupation Finance Consultant	Consultant	\$4,000.00
Last Name Harper	<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 Self Employed		
Address 4524 Queen Anne Ct SE				
Address2				
City Mableton				
State GA				
First Name Harrittia	Date 09/01/2017	Occupation Finance Consultant	Consultant	\$4,000.00
Last Name Harper	<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 Self Employed		
Address 4524 Queen Anne Ct SE				
Address2				
City Mableton				
State GA				

Page Total \$12,000.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Harrittia	Date 09/12/2017	Occupation Finance Consultant	Reimbursements	\$347.71
Last Name Harper	<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 Self Employed		
Address 4524 Queen Anne Ct SE				
Address2				
City Mableton				
State GA				
First Name Anthonisha	Date 09/29/2017	Occupation Student	Canvassing	\$108.00
Last Name Harris	<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 Self Employed		
Address 100 Sandlewood Dr				
Address2 Apt 912				
City Morrow				
State GA				
First Name Trevoughn	Date 07/07/2017	Occupation Field	Contract Worker	\$151.25
Last Name Harris	<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 Friends of Peter Aman. Inc.		
Address 360 Decatur St SE				
Address2				
City Atlanta				
State GA				

Page Total \$606.96

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Trevoughn	Date 07/14/2017	Occupation Field	Contract Worker	\$199.65
Last Name Harris	<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 Friends of Peter Aman. Inc.		
Address 360 Decatur St SE				
Address2				
City Atlanta				
State GA				
First Name Trevoughn	Date 07/21/2017	Occupation Field	Contract Worker	\$163.35
Last Name Harris	<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 Friends of Peter Aman. Inc.		
Address 360 Decatur St SE				
Address2				
City Atlanta				
State GA				
First Name Trevoughn	Date 07/28/2017	Occupation Field	Contract Worker	\$108.90
Last Name Harris	<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 Friends of Peter Aman. Inc.		
Address 360 Decatur St SE				
Address2				
City Atlanta				
State GA				

Page Total \$471.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Trevoughn	Date 08/04/2017	Occupation Field	Contract Worker	\$54.45
Last Name Harris	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman. Inc.		
Address 360 Decatur St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30312-1729	<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 Trevoughn	Date 08/11/2017	Occupation Field	Contract Worker	\$108.90
Last Name Harris	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman. Inc.		
Address 360 Decatur St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30312-1729	<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 Trevoughn	Date 08/18/2017	Occupation Field	Contract Worker	\$54.45
Last Name Harris	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman. Inc.		
Address 360 Decatur St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30312-1729	<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			

Page Total \$217.80

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Trevoughn	Date 08/25/2017	Occupation Field	Contract Worker	\$108.90
Last Name Harris	<input checked="" type="checkbox"/> Expenditure			
Address 360 Decatur St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement	Employer Friends of Peter Aman. Inc.		
Zip 30312-1729	<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 Trevoughn	Date 09/08/2017	Occupation Field	Contract Worker	\$54.45
Last Name Harris	<input checked="" type="checkbox"/> Expenditure			
Address 360 Decatur St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement	Employer Friends of Peter Aman. Inc.		
Zip 30312-1729	<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 Trevoughn	Date 09/15/2017	Occupation Field	Contract Worker	\$54.45
Last Name Harris	<input checked="" type="checkbox"/> Expenditure			
Address 360 Decatur St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement	Employer Friends of Peter Aman. Inc.		
Zip 30312-1729	<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			

Page Total \$217.80

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Eddie		Date 09/22/2017	Occupation Staff	Contract Worker	\$54.45
Last Name Hawkins		<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 Friends of Peter Aman, Inc.		
Address 741 Carter St NW					
Address2 Apt 15					
City Atlanta					
State GA	Zip 30314-4166				
First Name Eddie		Date 09/29/2017	Occupation Staff	Contract Worker	\$148.22
Last Name Hawkins		<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 Friends of Peter Aman, Inc.		
Address 741 Carter St NW					
Address2 Apt 15					
City Atlanta					
State GA	Zip 30314-4166				
First Name HEG, LLC		Date 07/05/2017	Occupation	Campaign management reimbursements and consulting fees	\$36,758.34
Last Name		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		
Address 2774 Royal Oaks Dr					
Address2					
City Tallahassee					
State FL	Zip 32309-2557				

Page Total \$36,961.01

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report

Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Comcast	Date 07/05/2017	Occupation	Internet	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1000.92
Address				
Address2				
City				
State				
First Name Eagle Parking	Date 07/05/2017	Occupation	Parking passes	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1855.00
Address 3400 Peachtree Rd NE				
Address2 Ste 800				
City Atlanta				
State				
First Name HEG, LLC	Date 07/05/2017	Occupation	Campaign management	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$13500.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC	Date 07/05/2017	Occupation	Printing	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$7927.25
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 07/05/2017	Occupation	Tracking poll	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1500.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 07/05/2017	Occupation	Computer and headset rentals	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1430.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC	Date 07/05/2017	Occupation	Food for meet & greet	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$305.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 07/05/2017	Occupation	Dialer and supervisor licenses	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$5990.17
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name Jessica	Date 07/05/2017	Occupation Field	Exec Admin	\$0.00
Last Name Malcom	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Friends of Peter Aman, Inc.		<i>Memo:</i> \$3250.00
Address 3292 McAfee Rd				
Address2				
City Decatur				
State GA				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC		Date 08/04/2017	Occupation	Campaign Mangment	\$5,000.00
Last Name		<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		
Address 2774 Royal Oaks Dr					
Address2					
City Tallahassee					
State FL	Zip 32309-2557				
First Name HEG, LLC		Date 08/04/2017	Occupation	Campaign management reimbursements and consulting fees	\$57,154.18
Last Name		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		
Address 2774 Royal Oaks Dr					
Address2					
City Tallahassee					
State FL	Zip 32309-2557				
First Name August Dialer		Date 08/04/2017	Occupation	Autocalls	\$0.00
Last Name		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$2589.33
Address					
Address2					
City					
State	Zip				

Page Total \$62,154.18

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Campaign Mailers	Date 08/04/2017	Occupation	Mailer, design, print and postage	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$27752.92
Address				
Address2				
City				
State				
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Doorhangers	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$875.00
Address				
Address2				
City				
State				
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Bumper Magnets	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$687.50
Address				
Address2				
City				
State				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Bumper magnets	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$687.50
Address				
Address2				
City				
State				
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Aman Buttons	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$175.00
Address				
Address2				
City				
State				
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Aman T- shirts 60	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$600.00
Address				
Address2				
City				
State				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Palm Cards	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1000.00
Address				
Address2				
City				
State				
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Women for Aman T-shirts 50	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$500.00
Address				
Address2				
City				
State				
First Name Campaign Materials and Printing	Date 08/04/2017	Occupation	Computer and Headset Rental	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1430.00
Address				
Address2				
City				
State				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Eagle Parking	Date 06/25/2017	Occupation	Parking fee	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$70.00
Address 3400 Peachtree Rd NE				
Address2 Ste 800				
City Atlanta				
State GA				
First Name Eagle Parking	Date 07/25/2017	Occupation	Parking fee	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$70.00
Address 3400 Peachtree Rd NE				
Address2 Ste 800				
City Atlanta				
State GA				
First Name Eagle Parking	Date 08/02/2017	Occupation	Parking fee	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$70.00
Address 3400 Peachtree Rd NE				
Address2 Ste 800				
City Atlanta				
State GA				

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC Last Name Address 2774 Royal Oaks Dr Address2 City Tallahassee State FL Zip 32309-2557	Date 08/04/2017 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 management fee	\$0.00 <i>Memo:</i> \$11000.00
First Name Jessica Last Name Malcom Address 3292 McAfee Rd Address2 City Decatur State GA Zip 30032-5933	Date 07/04/2017 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Field Employer Friends of Peter Aman, Inc.	Executive Assistant	\$0.00 <i>Memo:</i> \$3250.00
First Name Office Depot Last Name Address 2625 Piedmont Rd NE Address2 City Atlanta State GA Zip 30324-3086	Date 08/04/2017 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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	Furniture Reimbursment	\$0.00 <i>Memo:</i> \$696.93

Page Total \$0.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC	Date 08/25/2017	Occupation	Direct mail	\$42,918.42
Last Name	<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		
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 08/27/2017	Occupation	Campaign Mangment	\$5,000.00
Last Name	<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		
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 09/13/2017	Occupation	Campaign management reimbursements and consulting fees	\$28,385.40
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				

Page Total \$76,303.82

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name DIANE	Date 09/13/2017	Occupation Information Requested	Phonebanking	\$0.00
Last Name CARTER	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Information Requested		Memo: \$199.00
Address 542 MOBILE AVE				
Address2				
City Atlanta				
State GA				Zip 30315-5913
First Name Eagle Parking	Date 09/13/2017	Occupation	Parking passes	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		Memo: \$2520.00
Address 3400 Peachtree Rd NE				
Address2 Ste 800				
City Atlanta				
State GA				Zip 30326-1187
First Name HEG, LLC	Date 09/13/2017	Occupation	Campaign management	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		Memo: \$11000.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				Zip 32309-2557

Page Total \$0.00

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

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC	Date 09/13/2017	Occupation	Printing	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$2522.50
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 09/13/2017	Occupation	Field management	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1875.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name HEG, LLC	Date 09/13/2017	Occupation	Auto dialer	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$2588.90
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				

Page Total \$0.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name HEG, LLC	Date 09/13/2017	Occupation	Computer and headset rentals	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$1430.00
Address 2774 Royal Oaks Dr				
Address2				
City Tallahassee				
State FL				
First Name Jessica	Date 09/13/2017	Occupation Field	Exec Admin	\$0.00
Last Name Malcom	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Friends of Peter Aman, Inc.		<i>Memo:</i> \$3250.00
Address 3292 McAfee Rd				
Address2				
City Decatur				
State GA				
First Name Lindsey	Date 08/25/2017	Occupation Staff	Field work	\$108.90
Last Name Hogle	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				

Page Total \$108.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lindsey	Date 09/01/2017	Occupation Staff	Contract worker	\$90.75
Last Name Hogle	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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 Lindsey	Date 09/07/2017	Occupation Staff	Field Operations	\$108.90
Last Name Hogle	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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 Lindsey	Date 09/08/2017	Occupation Staff	Contract Worker	\$36.30
Last Name Hogle	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address PO Box 150777	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-0192	<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			

Page Total \$235.95

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lindsey	Date 09/15/2017	Occupation Staff	Field Operations	\$108.90
Last Name Hogle	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				
First Name Lindsey	Date 09/22/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Hogle	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				
First Name Lindsey	Date 09/29/2017	Occupation Staff	Contract Worker	\$102.85
Last Name Hogle	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				

Page Total \$320.65

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Aaron	Date 09/22/2017	Occupation Staff	Contract Worker	\$121.00
Last Name Hypolite	<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 Friends of Peter Aman, Inc.		
Address 3101 Cobblestone Blvd				
Address2				
City Fayetteville				
State GA				
First Name Aaron	Date 09/29/2017	Occupation Staff	Contract Worker	\$163.35
Last Name Hypolite	<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 Friends of Peter Aman, Inc.		
Address 3101 Cobblestone Blvd				
Address2				
City Fayetteville				
State GA				
First Name Intuit POHP	Date 07/07/2017	Occupation	Phonebanking	\$576.70
Last Name	<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		
Address 2700 Coast Ave				
Address2				
City Mountain View				
State CA				

Page Total \$861.05

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name J.Glenn Photography LLC		Date 09/28/2017	Occupation	Photography	\$300.00
Last Name		<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		
Address 2634 River Oak Dr					
Address2					
City Decatur					
State GA	Zip 30033-2805				
First Name Kelley				Date 09/15/2017	Occupation Contractor
Last Name Jackson		<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 Self Employed		
Address 2990 Cascade Rd SW					
Address2					
City Atlanta					
State GA	Zip 30311-3101				
First Name Kelley				Date 09/29/2017	Occupation Contractor
Last Name Jackson		<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 Self Employed		
Address 2990 Cascade Rd SW					
Address2					
City Atlanta					
State GA	Zip 30311-3101				

Page Total \$4,050.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lashawn	Date 07/07/2017	Occupation Field	Contract Worker	\$145.20
Last Name Jackson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6984 Keith Court	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058	<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 Lashawn	Date 07/11/2017	Occupation Field	Parking fee	\$10.00
Last Name Jackson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6984 Keith Court	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058	<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 Lashawn	Date 07/14/2017	Occupation Field	Contract Worker	\$199.65
Last Name Jackson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6984 Keith Court	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058	<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			

Page Total \$354.85

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lashawn	Date 07/21/2017	Occupation Field	Contract Worker	\$269.22
Last Name Jackson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6984 Keith Court	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058	<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 Lashawn	Date 07/28/2017	Occupation Field	Contract Worker	\$199.65
Last Name Jackson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 6984 Keith Court	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Lithonia	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30058	<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 JavaVino	Date 08/15/2017	Occupation	Event Expenses	\$120.00
Last Name	<input checked="" type="checkbox"/> Expenditure	Employer		
Address 579 N Highland Ave NE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30307-1438	<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			

Page Total \$588.87

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name JavaVino	Date 09/23/2017	Occupation	Event Expenses	\$48.58
Last Name	<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		
Address 579 N Highland Ave NE				
Address2				
City Atlanta				
State GA				
First Name Jet.com	Date 07/12/2017	Occupation	Office Supplies	\$46.34
Last Name	<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		
Address				
Address2				
City Hoboken				
State NJ				
First Name Jet.com	Date 09/29/2017	Occupation	Office Supplies	\$55.88
Last Name	<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		
Address				
Address2				
City Hoboken				
State NJ				

Page Total \$150.80

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Christian	Date 09/22/2017	Occupation Staff	Contract Worker	\$36.30
Last Name Johnson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 68 Claire Dr SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-4332	<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 Christian	Date 09/29/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Johnson	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 68 Claire Dr SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-4332	<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 Jamison	Date 07/14/2017	Occupation Field	Contract Worker	\$150.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2891 Springdale Rd SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30315-7800	<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			

Page Total \$295.20

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jamison	Date 08/11/2017	Occupation Field	Contract Worker	\$127.50
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2891 Springdale Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30315-7800			
First Name Jamison	Date 08/18/2017	Occupation Field	Contract Worker	\$465.90
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2891 Springdale Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30315-7800			
First Name Jamison	Date 09/08/2017	Occupation Field	Contract Worker	\$420.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2891 Springdale Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30315-7800			

Page Total \$1,013.40

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jamison	Date 09/29/2017	Occupation Field	Contract Worker	\$375.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2891 Springdale Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30315-7800			
First Name LaDawn	Date 07/03/2017	Occupation Attorney	Rent	\$4,100.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer The Law Office of LaDawn B Jones		
Address 581B N Central Ave	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2 Ste 2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Hapeville	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30354-1661			
First Name Zimbe	Date 08/11/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Kimbugwe	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30308-1805			

Page Total \$4,583.90

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Zimbe	Date 08/18/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Kimbugwe	<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Zimbe	Date 08/25/2017	Occupation Staff	Parking	\$4.00
Last Name Kimbugwe	<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Zimbe	Date 08/25/2017	Occupation Staff	Contract Worker	\$205.70
Last Name Kimbugwe	<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$318.60

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Zimbe	Date 09/01/2017	Occupation Staff	Parking	\$16.00
Last Name Kimbugwe	<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Zimbe	Date 09/08/2017	Occupation Staff	Contract Worker	\$142.18
Last Name Kimbugwe	<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Zimbe	Date 09/15/2017	Occupation Staff	Contract Worker	\$96.80
Last Name Kimbugwe	<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$254.98

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report

Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Zimbe		Date 09/22/2017	Occupation Staff	Contract Worker	\$90.75
Last Name Kimbugwe		<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 Friends of Peter Aman		
Address 551 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1805				
First Name Brian		Date 08/01/2017	Occupation Consultant	Consultant	\$2,450.00
Last Name King-Sharp		<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 Self-Employed		
Address 8345 Harlond Way					
Address2					
City Suwanee					
State GA	Zip 30024-4767				
First Name Brian		Date 08/16/2017	Occupation Consultant	Consulting fee	\$1,250.00
Last Name King-Sharp		<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 Self-Employed		
Address 8345 Harlond Way					
Address2					
City Suwanee					
State GA	Zip 30024-4767				

Page Total \$3,790.75

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brian	Date 08/16/2017	Occupation Consultant		\$166.68
Last Name King-Sharp	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Self-Employed		
Address 8345 Harlond Way				
Address2				
City Suwanee				
State GA				
First Name 10th & Piedmont	Date 08/16/2017	Occupation	Event deposit	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo:</i> \$154.68
Address 991 Piedmont Ave NE				
Address2				
City Atlanta				
State GA				
First Name Brian	Date 08/16/2017	Occupation Consultant	Parking	\$0.00
Last Name King-Sharp	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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 Self-Employed		<i>Memo:</i> \$12.00
Address 8345 Harlond Way				
Address2				
City Suwanee				
State GA				

Page Total \$166.68

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brian	Date 09/01/2017	Occupation Consultant	Consultant	\$3,000.00
Last Name King-Sharp	<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 Self-Employed		
Address 8345 Harlond Way				
Address2				
City Suwanee				
State GA				
First Name Brian	Date 09/01/2017	Occupation Consultant	Consultant	\$464.09
Last Name King-Sharp	<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 Self-Employed		
Address 8345 Harlond Way				
Address2				
City Suwanee				
State GA				
First Name LBJ Group, LLC	Date 08/01/2017	Occupation	Rent	\$4,100.00
Last Name	<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		
Address 581B N Central Ave				
Address2 Ste 2				
City Hapeville				
State GA				

Page Total \$7,564.09

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report

Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name LBJ Group, LLC Last Name Address 581B N Central Ave Address2 Ste 2 City Hapeville State Zip GA 30354-1661	Date 09/01/2017 <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 Office Rent	\$4,100.00
First Name Leapfrog Services Inc. Last Name Address 1190 W Druid Hills Dr NE Address2 Ste 200 City Brookhaven State Zip GA 30329-2121	Date 08/10/2017 <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	Computer support	\$2,160.00
First Name Moses Last Name Lee Address 4202 Masters Way Address2 City Alpharetta State Zip GA 30005-8821	Date 07/07/2017 <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 Field Employer Friends of Peter Aman, Inc.	Contract Worker	\$199.65

Page Total \$6,459.65

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Moses	Date 07/14/2017	Occupation Field	Contract Worker	\$190.58
Last Name Lee	<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 Friends of Peter Aman, Inc.		
Address 4202 Masters Way				
Address2				
City Alpharetta				
State GA				
First Name Moses	Date 07/21/2017	Occupation Field	Contract Worker	\$108.90
Last Name Lee	<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 Friends of Peter Aman, Inc.		
Address 4202 Masters Way				
Address2				
City Alpharetta				
State GA				
First Name Moses	Date 07/28/2017	Occupation Field	Contract worker	\$160.32
Last Name Lee	<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 Friends of Peter Aman, Inc.		
Address 4202 Masters Way				
Address2				
City Alpharetta				
State GA				

Page Total \$459.80

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Moses	Date 08/04/2017	Occupation Field	Contract Worker	\$163.35
Last Name Lee	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Alpharetta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30005-8821	<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 Moses	Date 08/08/2017	Occupation Field	Parking	\$6.00
Last Name Lee	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Alpharetta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30005-8821	<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 Moses	Date 08/11/2017	Occupation Field	Contract Worker	\$108.90
Last Name Lee	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Alpharetta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30005-8821	<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			

Page Total \$278.25

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Moses	Date 08/18/2017	Occupation Field	Contract Worker	\$54.45
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund			
Address2	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
City Alpharetta	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
State GA	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
First Name Moses	Date 08/25/2017	Occupation Field	Contract Worker	\$108.90
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund			
Address2	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
City Alpharetta	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
State GA	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
First Name Moses	Date 09/08/2017	Occupation Field	Contract Worker	\$102.85
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund			
Address2	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
City Alpharetta	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
State GA	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			

Page Total \$266.20

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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State of Georgia
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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Moses	Date 09/22/2017	Occupation Field	Contract Worker	\$96.80
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Alpharetta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30005-8821			
First Name Moses	Date 09/29/2017	Occupation Field	Contract Worker	\$96.80
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 4202 Masters Way	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Alpharetta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30005-8821			
First Name Zion	Date 08/04/2017	Occupation Staff	Contract Worker	\$211.75
Last Name Lewis	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 205 Toonigh Way	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Holly Springs	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30115-6061			

Page Total \$405.35

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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State of Georgia
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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Zion	Date 08/11/2017	Occupation Staff	Contract Worker	\$163.35
Last Name Lewis	<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 Friends of Peter Aman, Inc.		
Address 205 Toonigh Way				
Address2				
City Holly Springs				
State GA				
First Name Zion	Date 08/16/2017	Occupation Staff	Parking	\$3.00
Last Name Lewis	<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 Friends of Peter Aman, Inc.		
Address 205 Toonigh Way				
Address2				
City Holly Springs				
State GA				
First Name Zion	Date 08/18/2017	Occupation Staff	Contract Worker	\$243.75
Last Name Lewis	<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 Friends of Peter Aman, Inc.		
Address 205 Toonigh Way				
Address2				
City Holly Springs				
State GA				

Page Total \$410.10

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Zion	Date 08/25/2017	Occupation Staff	Contract Worker	\$258.75
Last Name Lewis	<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 Friends of Peter Aman, Inc.		
Address 205 Toonigh Way				
Address2				
City Holly Springs				
State GA				
First Name Zion	Date 09/08/2017	Occupation Staff	Contract Worker	\$135.00
Last Name Lewis	<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 Friends of Peter Aman, Inc.		
Address 205 Toonigh Way				
Address2				
City Holly Springs				
State GA				
First Name Lighting and Production Equipment Inc	Date 09/25/2017	Occupation	Lighting and Production Equipment	\$250.00
Last Name	<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		
Address 590 Travis St NW				
Address2				
City Atlanta				
State GA				

Page Total \$643.75

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Loca Luna	Date 09/17/2017	Occupation	Event Expenses	\$530.47
Last Name	<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		
Address 550 Amsterdam Ave NE				
Address2 # C				
City Atlanta				
State GA				
First Name Amber	Date 07/01/2017	Occupation Self-Employed	Consultant	\$2,025.00
Last Name Lowe	<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 Self-Employed		
Address 3659 Venetian Pl SW				
Address2				
City Atlanta				
State GA				
First Name Amber	Date 07/31/2017	Occupation Self-Employed	Consultant	\$2,000.00
Last Name Lowe	<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 Self-Employed		
Address 3659 Venetian Pl SW				
Address2				
City Atlanta				
State GA				

Page Total \$4,555.47

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Amber	Date 08/16/2017	Occupation Self-Employed	Parking	\$53.00
Last Name Lowe	<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 Self-Employed		
Address 3659 Venetian Pl SW				
Address2				
City Atlanta				
State GA				
First Name Amber	Date 09/01/2017	Occupation Self-Employed	Consultant	\$2,000.00
Last Name Lowe	<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 Self-Employed		
Address 3659 Venetian Pl SW				
Address2				
City Atlanta				
State GA				
First Name Jessica	Date 07/07/2017	Occupation Field	Contract Worker	\$212.50
Last Name Malcom	<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 Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd				
Address2				
City Decatur				
State GA				

Page Total \$2,265.50

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

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jessica	Date 07/21/2017	Occupation Field	Contract Worker	\$637.50
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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 Jessica	Date 07/28/2017	Occupation Field	Contract worker	\$425.00
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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 Jessica	Date 08/01/2017	Occupation Field	Food and Beverage	\$26.68
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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			

Page Total \$1,089.18

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jessica	Date 08/04/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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 Jessica	Date 08/11/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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 Jessica	Date 08/18/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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			

Page Total \$1,275.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jessica	Date 08/25/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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 Jessica	Date 08/25/2017	Occupation Field	Supplies	\$24.35
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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 Jessica	Date 09/08/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30032-5933	<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			

Page Total \$874.35

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jessica		Date 09/15/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom		<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 Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd					
Address2					
City Decatur					
State GA	Zip 30032-5933				
First Name Jessica		Date 09/22/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom		<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 Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd					
Address2					
City Decatur					
State GA	Zip 30032-5933				
First Name Jessica		Date 09/29/2017	Occupation Field	Contract Worker	\$425.00
Last Name Malcom		<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 Friends of Peter Aman, Inc.		
Address 3292 McAfee Rd					
Address2					
City Decatur					
State GA	Zip 30032-5933				

Page Total \$1,275.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Wanza		Date 07/05/2017	Occupation retired	Contract Worker	\$108.90
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 07/14/2017	Occupation retired	Contract Worker	\$326.70
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 07/21/2017	Occupation retired	Contract Worker	\$163.35
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				

Page Total \$598.95

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Wanza		Date 07/28/2017	Occupation retired	Contract Worker	\$139.15
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 08/04/2017	Occupation retired	Contract Worker	\$157.30
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 08/11/2017	Occupation retired	Contract Worker	\$96.80
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				

Page Total \$393.25

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Wanza		Date 08/16/2017	Occupation retired	Parking Fee Reimbursement	\$18.00
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 08/17/2017	Occupation retired	Parking	\$18.00
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 08/18/2017	Occupation retired	Contract Worker	\$48.40
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				

Page Total \$84.40

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Wanza		Date 08/25/2017	Occupation retired	Contract Worker	\$102.85
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 09/08/2017	Occupation retired	Contract Worker	\$139.15
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				
First Name Wanza		Date 09/22/2017	Occupation retired	Contract Worker	\$48.40
Last Name Malcom		<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 retired		
Address 3394 Elgin Dr					
Address2					
City Atlanta					
State GA	Zip 30332-0001				

Page Total \$290.40

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Wanza	Date 09/29/2017	Occupation retired	Parking fee	\$20.00
Last Name Malcom	<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 retired		
Address 3394 Elgin Dr				
Address2				
City Atlanta				
State GA				
First Name Wanza	Date 09/29/2017	Occupation retired	Contract Worker	\$54.45
Last Name Malcom	<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 retired		
Address 3394 Elgin Dr				
Address2				
City Atlanta				
State GA				
First Name Fabien	Date 09/22/2017	Occupation Staff	Contract Worker	\$157.30
Last Name Martinez	<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 Friends of Peter Aman, Inc.		
Address 850 Old Spring Way				
Address2				
City Sugar Hill				
State GA				

Page Total \$231.75

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Fabien	Date 09/29/2017	Occupation Staff	Contract Worker	\$105.88
Last Name Martinez	<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 Friends of Peter Aman, Inc.		
Address 850 Old Spring Way				
Address2				
City Sugar Hill				
State GA				
First Name Ashanti	Date 07/05/2017	Occupation Field	Contract Worker	\$102.85
Last Name Mayo	<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 Friends of Peter Aman, Inc.		
Address 100 Elgar Pl				
Address2 Apt 2J				
City Bronx				
State NY				
First Name Ashanti	Date 07/14/2017	Occupation Field	Contract Worker	\$317.62
Last Name Mayo	<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 Friends of Peter Aman, Inc.		
Address 100 Elgar Pl				
Address2 Apt 2J				
City Bronx				
State NY				

Page Total \$526.35

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

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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 is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Ashanti		Date 07/21/2017	Occupation Field	Contract Worker	\$172.42
Last Name Mayo		<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 Friends of Peter Aman, Inc.		
Address 100 Elgar Pl					
Address2 Apt 2J					
City Bronx					
State NY	Zip 10475-5003				
First Name Ashanti		Date 07/28/2017	Occupation Field	Contract worker	\$42.35
Last Name Mayo		<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 Friends of Peter Aman, Inc.		
Address 100 Elgar Pl					
Address2 Apt 2J					
City Bronx					
State NY	Zip 10475-5003				
First Name Ashanti		Date 08/04/2017	Occupation Field	Contract Worker	\$154.28
Last Name Mayo		<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 Friends of Peter Aman, Inc.		
Address 100 Elgar Pl					
Address2 Apt 2J					
City Bronx					
State NY	Zip 10475-5003				

Page Total \$369.05

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Ashanti	Date 08/11/2017	Occupation Field	Contract Worker	\$199.65
Last Name Mayo	<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 Friends of Peter Aman, Inc.		
Address 100 Elgar Pl				
Address2 Apt 2J				
City Bronx				
State NY				
First Name Microsoft Corporation	Date 07/03/2017	Occupation	Software	\$304.66
Last Name	<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		
Address 1 Microsoft Way				
Address2				
City Redmond				
State WA				
First Name Microsoft Corporation	Date 08/03/2017	Occupation	Software	\$351.36
Last Name	<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		
Address 1 Microsoft Way				
Address2				
City Redmond				
State WA				

Page Total \$855.67

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Microsoft Corporation Last Name Address 1 Microsoft Way Address2 City Redmond State WA Zip 98052-8300	Date 09/03/2017 <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	Software	\$427.87
First Name Emily Last Name Mitchell Address 4410 Crestwicke Pointe Address2 City Atlanta State GA Zip 30319-1081	Date 07/27/2017 <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 Information Requested Employer Information Requested	Parking Fee Reimbursment	\$39.00
First Name Emily Last Name Mitchell Address 4410 Crestwicke Pointe Address2 City Atlanta State GA Zip 30319-1081	Date 08/17/2017 <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 Information Requested Employer Information Requested	Parking	\$65.53

Page Total \$532.40

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Ashley	Date 07/01/2017	Occupation Student	Parking fee	\$31.00
Last Name Montana	<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 Student		
Address 4505 Highland Crest Cir				
Address2				
City Hoover				
State AL				
First Name Ashley	Date 07/20/2017	Occupation Student	Parking Fee Reimbursment	\$59.41
Last Name Montana	<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 Student		
Address 4505 Highland Crest Cir				
Address2				
City Hoover				
State AL				
First Name Ashley	Date 08/04/2017	Occupation Student	Parking Fee Reimbursment	\$35.00
Last Name Montana	<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 Student		
Address 4505 Highland Crest Cir				
Address2				
City Hoover				
State AL				

Page Total \$125.41

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Seth	Date 07/19/2017	Occupation Consultant	Parking Fee Reimbursement	\$69.00
Last Name Moskowitz	<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 Self Employed		
Address 1660 Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Seth	Date 08/10/2017	Occupation Consultant	Payroll	\$750.00
Last Name Moskowitz	<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 Self Employed		
Address 1660 Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Seth	Date 08/23/2017	Occupation Consultant	Parking	\$94.00
Last Name Moskowitz	<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 Self Employed		
Address 1660 Peachtree St NW				
Address2				
City Atlanta				
State GA				

Page Total \$913.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Seth	Date 09/01/2017	Occupation Consultant	Contract Worker	\$1,500.00
Last Name Moskowitz	<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 Self Employed		
Address 1660 Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Seth	Date 09/20/2017	Occupation Consultant	Parking fees	\$200.56
Last Name Moskowitz	<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 Self Employed		
Address 1660 Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Natalie	Date 08/07/2017	Occupation Makeup Artist	Commercial Production Services	\$300.00
Last Name Mua	<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 Self Employed		
Address 6496 River Glen Dr				
Address2				
City Riverdale				
State GA				

Page Total \$2,000.56

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Amina	Date 07/07/2017	Occupation Field	Contract Worker	\$108.90
Last Name Muse	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4460 Nantucket Cv	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4826	<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 Amina	Date 07/14/2017	Occupation Field	Contract Worker	\$54.45
Last Name Muse	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4460 Nantucket Cv	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4826	<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 Amina	Date 07/21/2017	Occupation Field	Contract Worker	\$217.80
Last Name Muse	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4460 Nantucket Cv	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4826	<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			

Page Total \$381.15

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

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Amina	Date 07/28/2017	Occupation Field	Contract worker	\$172.42
Last Name Muse	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 4460 Nantucket Cv	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Stone Mountain				
State GA	Zip 30083-4826			
First Name Amina	Date 08/04/2017	Occupation Field	Contract Worker	\$308.55
Last Name Muse	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 4460 Nantucket Cv	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Stone Mountain				
State GA	Zip 30083-4826			
First Name Lillie	Date 07/01/2017	Occupation retired	Parking Fee Reimbursment	\$8.00
Last Name Nelson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer retired		
Address 217 Thiekeld Ave SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 APT 214				
City Atlanta				
State GA	Zip 30315			

Page Total \$488.97

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lillie	Date 07/07/2017	Occupation retired	Contract Worker	\$108.90
Last Name Nelson	<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 retired		
Address 217 Thiekeld Ave SW				
Address2 APT 214				
City Atlanta				
State GA				
First Name Lillie	Date 09/06/2017	Occupation retired	Parking Fee Reimbursment	\$4.00
Last Name Nelson	<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 retired		
Address 217 Thiekeld Ave SW				
Address2 APT 214				
City Atlanta				
State GA				
First Name Never Without LLC	Date 08/02/2017	Occupation	Digital Media Services	\$13,250.00
Last Name	<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		
Address 580 Tanacrest Cir				
Address2				
City Atlanta				
State GA				

Page Total \$13,362.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Never Without LLC	Date 09/18/2017	Occupation	Digital media	\$15,000.00
Last Name	<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		
Address 580 Tanacrest Cir				
Address2				
City Atlanta				
State GA				
Zip 30328-2835				
First Name Brittney	Date 07/07/2017	Occupation Field	Contract Worker	\$205.70
Last Name Neville	<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 Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE				
Address2 Apt E				
City Smyrna				
State GA				
Zip 30080-7677				
First Name Brittney	Date 07/14/2017	Occupation Field	Contract Worker	\$217.80
Last Name Neville	<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 Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE				
Address2 Apt E				
City Smyrna				
State GA				
Zip 30080-7677				

Page Total \$15,423.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brittney	Date 07/19/2017	Occupation Field	Parking Fee Reimbursement	\$31.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Apt E				
City Smyrna				
State GA	Zip 30080-7677			
First Name Brittney	Date 07/21/2017	Occupation Field	Contract Worker	\$335.78
Last Name Neville	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Apt E				
City Smyrna				
State GA	Zip 30080-7677			
First Name Brittney	Date 07/28/2017	Occupation Field	Contract worker	\$172.42
Last Name Neville	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Apt E				
City Smyrna				
State GA	Zip 30080-7677			

Page Total \$539.20

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brittney	Date 08/04/2017	Occupation Field	Contract Worker	\$284.35
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Brittney	Date 08/11/2017	Occupation Field	Contract Worker	\$54.45
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Brittney	Date 08/18/2017	Occupation Field	Contract Worker	\$180.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total \$518.80

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

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Campaign Contribution Disclosure Report

Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brittney	Date 08/25/2017	Occupation Field	Contract Worker	\$232.50
Last Name Neville	<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 Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE				
Address2 Apt E				
City Smyrna				
State GA				
First Name Brittney	Date 09/01/2017	Occupation Field	Parking fee	\$20.00
Last Name Neville	<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 Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE				
Address2 Apt E				
City Smyrna				
State GA				
First Name Brittney	Date 09/08/2017	Occupation Field	Contract Worker	\$127.50
Last Name Neville	<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 Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE				
Address2 Apt E				
City Smyrna				
State GA				

Page Total \$380.00

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brittney	Date 09/15/2017	Occupation Field	Contract Worker	\$127.50
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Brittney	Date 09/20/2017	Occupation Field	Parking fees	\$16.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Brittney	Date 09/22/2017	Occupation Field	Contract Worker	\$288.75
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total \$432.25

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brittney	Date 09/29/2017	Occupation Field	Contract Worker	\$236.25
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 07/14/2017	Occupation Field	Contract Worker	\$151.25
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 07/21/2017	Occupation Field	Contract Worker	\$281.32
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total \$668.82

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Taylor	Date 07/28/2017	Occupation Field	Contract worker	\$211.75
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 08/01/2017	Occupation Field	Contract worker	\$54.45
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 08/04/2017	Occupation Field	Contract Worker	\$217.80
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total \$484.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Taylor	Date 08/11/2017	Occupation Field	Contract Worker	\$284.35
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 08/16/2017	Occupation Field	Parking	\$48.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 08/18/2017	Occupation Field	Contract worker	\$145.20
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total \$477.55

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Taylor	Date 08/18/2017	Occupation Field	Payroll refund	-\$284.35
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 08/25/2017	Occupation Field	Contract Worker	\$154.28
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 09/01/2017	Occupation Field	Consultant	\$22.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total -\$108.07

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

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Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Taylor	Date 09/08/2017	Occupation Field	Contract Worker	\$108.90
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 09/15/2017	Occupation Field	Contract Worker	\$195.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 09/18/2017	Occupation Field	Parking fees	\$16.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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			

Page Total \$319.90

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Taylor	Date 09/22/2017	Occupation Field	Contract Worker	\$307.50
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Taylor	Date 09/29/2017	Occupation Field	Contract Worker	\$255.00
Last Name Neville	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 2045 Lake Park Dr SE	<input type="checkbox"/> In-kind			
Address2 Apt E	<input type="checkbox"/> Loan Repayment			
City Smyrna	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30080-7677	<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 Newsmakers Live	Date 08/01/2017	Occupation	Print Advertisement	\$2,800.00
Last Name	<input checked="" type="checkbox"/> Expenditure	Employer		
Address 50 Hurt Plz SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30303-2946	<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			

Page Total \$3,362.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name NGP VAN	Date 07/03/2017	Occupation	Software	\$700.00
Last Name	<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		
Address 1101 15th St NW				
Address2 Ste 500				
City Washington				
State DC				
First Name NGP VAN	Date 08/03/2017	Occupation	Software	\$700.00
Last Name	<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		
Address 1101 15th St NW				
Address2 Ste 500				
City Washington				
State DC				
First Name NGP VAN	Date 09/03/2017	Occupation	Software	\$700.00
Last Name	<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		
Address 1101 15th St NW				
Address2 Ste 500				
City Washington				
State DC				

Page Total \$2,100.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Noni's	Date 07/08/2017	Occupation	Event Expenses	\$304.30
Last Name	<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		
Address 357 Edgewood Ave SE				
Address2				
City Atlanta				
State GA				
First Name Obelisk Strategies LLC	Date 08/04/2017	Occupation	Reimbursement of Campaign Expenditures and Costs	\$29,678.35
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		
Address 229 North Highland Drive NE				
Address2 Unit 1046				
City Atlanta				
State GA				
First Name POHP Events	Date 08/04/2017	Occupation	Podium rental	\$0.00 <i>Memo:</i> <i>\$163.35</i>
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		
Address 6444 Warren Dr				
Address2				
City Norcross				
State GA				

Page Total \$29,982.65

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Springs Publishing, LLC	Date 08/04/2017	Occupation	Newspaper advertising	\$0.00
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" 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		<i>Memo: \$1615.00</i>
Address 6065 Roswell Rd				
Address2 Ste 225				
City Atlanta				
State GA				
First Name Brianna	Date 07/27/2017	Occupation Staff	Parking Fee Reimbursment	\$95.00
Last Name Ohonba	<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 Friends of Peter Aman, Inc.		
Address 418 Springwood Dr				
Address2				
City Stockbridge				
State GA				
First Name Brianna	Date 08/16/2017	Occupation Staff	Parking	\$30.00
Last Name Ohonba	<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 Friends of Peter Aman, Inc.		
Address 418 Springwood Dr				
Address2				
City Stockbridge				
State GA				

Page Total \$125.00

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brianna		Date 08/18/2017	Occupation Staff	Contract Worker	\$36.30
Last Name Ohonba		<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 Friends of Peter Aman, Inc.		
Address 418 Springwood Dr					
Address2					
City Stockbridge					
State GA	Zip 30281-1610				
First Name Brianna		Date 08/25/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Ohonba		<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 Friends of Peter Aman, Inc.		
Address 418 Springwood Dr					
Address2					
City Stockbridge					
State GA	Zip 30281-1610				
First Name Brianna		Date 09/08/2017	Occupation Staff	Contract Worker	\$48.40
Last Name Ohonba		<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 Friends of Peter Aman, Inc.		
Address 418 Springwood Dr					
Address2					
City Stockbridge					
State GA	Zip 30281-1610				

Page Total \$193.60

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brianna	Date 09/22/2017	Occupation Staff	Contract Worker	\$60.00
Last Name Ohonba	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 418 Springwood Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stockbridge	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30281-1610	<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 Brianna	Date 09/22/2017	Occupation Staff	Contract Worker	\$67.50
Last Name Ohonba	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 418 Springwood Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stockbridge	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30281-1610	<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 Brianna	Date 09/29/2017	Occupation Staff	Contract Worker	\$60.00
Last Name Ohonba	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 418 Springwood Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stockbridge	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30281-1610	<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			

Page Total \$187.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Tajun		Date 07/14/2017	Occupation Staff	Contract Worker	\$217.80
Last Name Oldson		<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 Friends of Peter Aman		
Address 5300 Knights Lndg					
Address2					
City Ellenwood					
State GA	Zip 30294-1595				
First Name Tajun		Date 07/21/2017	Occupation Staff	Contract Worker	\$217.80
Last Name Oldson		<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 Friends of Peter Aman		
Address 5300 Knights Lndg					
Address2					
City Ellenwood					
State GA	Zip 30294-1595				
First Name Tajun		Date 07/28/2017	Occupation Staff	Contract worker	\$124.02
Last Name Oldson		<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 Friends of Peter Aman		
Address 5300 Knights Lndg					
Address2					
City Ellenwood					
State GA	Zip 30294-1595				

Page Total \$559.62

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Tajun	Date 08/08/2017	Occupation Staff	Contract Worker	\$284.35
Last Name Oldson	<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 Friends of Peter Aman		
Address 5300 Knights Lndg				
Address2				
City Ellenwood				
State GA				
First Name Tajun	Date 08/18/2017	Occupation Staff	Contract Worker	\$42.35
Last Name Oldson	<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 Friends of Peter Aman		
Address 5300 Knights Lndg				
Address2				
City Ellenwood				
State GA				
First Name Tajun	Date 08/25/2017	Occupation Staff	Contract Worker	\$148.22
Last Name Oldson	<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 Friends of Peter Aman		
Address 5300 Knights Lndg				
Address2				
City Ellenwood				
State GA				

Page Total \$474.92

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Tajun		Date 09/08/2017	Occupation Staff	Contract Worker	\$99.82
Last Name Oldson		<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 Friends of Peter Aman		
Address 5300 Knights Lndg					
Address2					
City Ellenwood					
State GA	Zip 30294-1595				
First Name Tajun		Date 09/15/2017	Occupation Staff	Contract Worker	\$48.40
Last Name Oldson		<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 Friends of Peter Aman		
Address 5300 Knights Lndg					
Address2					
City Ellenwood					
State GA	Zip 30294-1595				
First Name Tajun		Date 09/22/2017	Occupation Staff	Contract Worker	\$102.85
Last Name Oldson		<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 Friends of Peter Aman		
Address 5300 Knights Lndg					
Address2					
City Ellenwood					
State GA	Zip 30294-1595				

Page Total \$251.07

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Tajun	Date 09/29/2017	Occupation Staff	Contract Worker	\$99.82
Last Name Oldson	<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 Friends of Peter Aman		
Address 5300 Knights Lndg				
Address2				
City Ellenwood				
State GA				
First Name Party City	Date 07/03/2017	Occupation	Event Expenses	\$189.01
Last Name	<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		
Address 2900 Peachtree Rd NW				
Address2 Ste 100E				
City Atlanta				
State GA				
First Name Paschal's Restaurant	Date 08/04/2017	Occupation	Event Expenses	\$375.00
Last Name	<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		
Address 108 Northside Dr				
Address2				
City Atlanta				
State GA				

Page Total \$663.83

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Paschal's Restaurant	Date 08/23/2017	Occupation	Food & Beverage for event	\$430.62
Last Name	<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		
Address 108 Northside Dr				
Address2				
City Atlanta				
State GA				
First Name Mark	Date 09/21/2017	Occupation Author	Event Expenses	\$625.85
Last Name Pendergrast	<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 Self Employed		
Address 106 Shore Acres Dr				
Address2				
City Colchester				
State VT				
First Name Pizza Hut	Date 09/21/2017	Occupation	Refund	-\$12.51
Last Name	<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		
Address 460 North Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,043.96

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Pizza Hut	Date 09/21/2017	Occupation	Food and Beverage	\$56.03
Last Name	<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		
Address 460 North Ave NE				
Address2				
City Atlanta				
State GA				
First Name Pizza Hut	Date 09/22/2017	Occupation	Event Expenses	\$168.52
Last Name	<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		
Address 460 North Ave NE				
Address2				
City Atlanta				
State GA				
First Name Pizza Hut	Date 09/22/2017	Occupation	Refund	-\$2.24
Last Name	<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		
Address 460 North Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$222.31

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Pizza Hut	Date 09/22/2017	Occupation	Refund	\$0.50
Last Name	<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		
Address 460 North Ave NE				
Address2				
City Atlanta				
State GA				
First Name Pizza Hut	Date 09/27/2017	Occupation	Refund	-\$6.74
Last Name	<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		
Address 460 North Ave NE				
Address2				
City Atlanta				
State GA				
First Name Erica	Date 08/18/2017	Occupation Staff	Contract Worker	\$36.30
Last Name Postell	<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 Friends of Peter Aman, Inc.		
Address PO Box 150777				
Address2				
City Atlanta				
State GA				

Page Total \$30.06

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Erica		Date 08/25/2017	Occupation Staff	Field work	\$108.90
Last Name Postell		<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 Friends of Peter Aman, Inc.		
Address PO Box 150777					
Address2					
City Atlanta					
State GA	Zip 30315-0192				
First Name Erica		Date 09/08/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Postell		<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 Friends of Peter Aman, Inc.		
Address PO Box 150777					
Address2					
City Atlanta					
State GA	Zip 30315-0192				
First Name Erica		Date 09/15/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Postell		<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 Friends of Peter Aman, Inc.		
Address PO Box 150777					
Address2					
City Atlanta					
State GA	Zip 30315-0192				

Page Total \$326.70

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Proof of the Pudding	Date 09/21/2017	Occupation	Women's Luncheon	\$5,049.40
Last Name	<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		
Address 1175 Chattahoochee Ave NW				
Address2 Ste A				
City Atlanta				
State GA				
First Name Proof of the Pudding	Date 09/28/2017	Occupation	Women's Luncheon	\$1,748.81
Last Name	<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		
Address 1175 Chattahoochee Ave NW				
Address2 Ste A				
City Atlanta				
State GA				
First Name Publix Super Market	Date 07/08/2017	Occupation	Event Expenses	\$11.61
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				

Page Total \$6,809.82

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Publix Super Market	Date 07/26/2017	Occupation	Event Expenses	\$313.17
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Publix Super Market	Date 08/22/2017	Occupation	Event Expenses	\$102.32
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Publix Super Market	Date 08/23/2017	Occupation	Event Expenses	\$80.94
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				

Page Total \$496.43

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Publix Super Market	Date 08/24/2017	Occupation	Event Expenses	\$137.61
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Publix Super Market	Date 08/25/2017	Occupation	Office Supplies	\$7.74
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Publix Super Market	Date 09/10/2017	Occupation	Event Expenses	\$79.04
Last Name	<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		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				

Page Total \$224.39

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Real Times Inc	Date 07/25/2017	Occupation	Media Buy	\$3,500.00
Last Name	<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		
Address 479 Ledyard St				
Address2				
City Detroit				
State MI				
First Name Joshua	Date 08/04/2017	Occupation Staff	Contract Worker	\$133.10
Last Name Redmond	<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 Friends of Peter Aman		
Address 1438 Saint Dunstons Rd				
Address2				
City Lithonia				
State GA				
First Name Joshua	Date 08/11/2017	Occupation Staff	Contract Worker	\$108.90
Last Name Redmond	<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 Friends of Peter Aman		
Address 1438 Saint Dunstons Rd				
Address2				
City Lithonia				
State GA				

Page Total \$3,742.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Joshua	Date 08/18/2017	Occupation Staff	Contract Worker	\$133.10
Last Name Redmond	<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 Friends of Peter Aman		
Address 1438 Saint Dunstons Rd				
Address2				
City Lithonia				
State GA				
First Name Joshua	Date 09/15/2017	Occupation Staff	Contract Worker	\$117.98
Last Name Redmond	<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 Friends of Peter Aman		
Address 1438 Saint Dunstons Rd				
Address2				
City Lithonia				
State GA				
First Name Joshua	Date 09/29/2017	Occupation Staff	Contract Worker	\$166.38
Last Name Redmond	<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 Friends of Peter Aman		
Address 1438 Saint Dunstons Rd				
Address2				
City Lithonia				
State GA				

Page Total \$417.46

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name RevUp Software	Date 07/03/2017	Occupation	Software	\$1,000.00
Last Name	<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		
Address 805 Veterans Blvd				
Address2 Ste 300				
City Redwood City				
State CA				
First Name RevUp Software	Date 08/05/2017	Occupation	Software	\$1,000.00
Last Name	<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		
Address 805 Veterans Blvd				
Address2 Ste 300				
City Redwood City				
State CA				
First Name RevUp Software	Date 09/05/2017	Occupation	Software	\$1,000.00
Last Name	<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		
Address 805 Veterans Blvd				
Address2 Ste 300				
City Redwood City				
State CA				

Page Total \$3,000.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Caleb	Date 09/15/2017	Occupation Staff	Contract Worker	\$163.35
Last Name Roberson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 223 James P Brawley Dr SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Atlanta				
State GA	Zip 30314-4358			
First Name Rosetta Stone Communications	Date 08/10/2017	Occupation	Polling	\$18,750.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address 1801 Peachtree St NE	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 Ste 110				
City Atlanta				
State GA	Zip 30309-1859			
First Name Ortha Bernard	Date 08/14/2017	Occupation Information Requested	Tech support	\$75.00
Last Name Russell	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Information Requested		
Address Information Requested	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City				
State	Zip			

Page Total \$18,988.35

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Ortha Bernard	Date 08/25/2017	Occupation Information Requested	Contract Worker	\$150.00
Last Name Russell	<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 Information Requested		
Address Information Requested				
Address2				
City				
State Zip				
First Name Sam's Club	Date 08/24/2017	Occupation	Event Expenses	\$169.64
Last Name	<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		
Address 2901 Clairmont Rd NE				
Address2				
City Brookhaven				
State Zip GA 30329-1639				
First Name Scintilla Group LLC	Date 07/08/2017	Occupation	Final Consulting Payment	\$7,000.00
Last Name	<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		
Address 800 Peachtree St NE				
Address2 Apt 8414				
City Atlanta				
State Zip GA 30308-1268				

Page Total \$7,319.64

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Brandon	Date 07/31/2017	Occupation Writer	Consulting Fee	\$3,249.97
Last Name Sheats	<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 Self-Employed		
Address 172 Carroll St SE				
Address2 Ste 105				
City Atlanta				
State GA				
First Name Brandon	Date 09/05/2017	Occupation Writer	Consulting Fee	\$3,000.00
Last Name Sheats	<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 Self-Employed		
Address 172 Carroll St SE				
Address2 Ste 105				
City Atlanta				
State GA				
First Name Rashad	Date 09/08/2017	Occupation Staff	Contract Worker	\$127.05
Last Name Siam	<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 Friends of Peter Aman, Inc.		
Address 3195 Cedar Creek Pkwy				
Address2				
City Decatur				
State GA				

Page Total \$6,377.02

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Rashad	Date 09/15/2017	Occupation Staff	Contract Worker	\$381.15
Last Name Siam	<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 Friends of Peter Aman, Inc.		
Address 3195 Cedar Creek Pkwy				
Address2				
City Decatur				
State GA				
First Name Rashad	Date 09/29/2017	Occupation Staff	Contract Worker	\$247.50
Last Name Siam	<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 Friends of Peter Aman, Inc.		
Address 3195 Cedar Creek Pkwy				
Address2				
City Decatur				
State GA				
First Name Sideways 8 Interactive	Date 07/10/2017	Occupation	Office Supplies	\$316.25
Last Name	<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		
Address PO Box 723427				
Address2 Attn: Adam Walker				
City Atlanta				
State GA				

Page Total \$944.90

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Sideways 8 Interactive	Date 09/20/2017	Occupation	Web Development Service	\$103.75
Last Name	<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		
Address PO Box 723427				
Address2 Attn: Adam Walker				
City Atlanta				
State GA				
First Name Lashawn	Date 07/07/2017	Occupation Field	Contract Worker	\$214.78
Last Name Sims	<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 Friends of Peter Aman, Inc.		
Address 50 Mount Zion Rd SW				
Address2 R2				
City Atlanta				
State GA				
First Name Lashawn	Date 07/14/2017	Occupation Field	Contract Worker	\$272.25
Last Name Sims	<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 Friends of Peter Aman, Inc.		
Address 50 Mount Zion Rd SW				
Address2 R2				
City Atlanta				
State GA				

Page Total \$590.78

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lashawn	Date 07/21/2017	Occupation Field	Contract Worker	\$108.80
Last Name Sims	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 50 Mount Zion Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 R2				
City Atlanta				
State GA	Zip 30354-2359			
First Name Lashawn	Date 07/28/2017	Occupation Field	Contract worker	\$124.02
Last Name Sims	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 50 Mount Zion Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 R2				
City Atlanta				
State GA	Zip 30354-2359			
First Name Lashawn	Date 08/04/2017	Occupation Field	Contract Worker	\$54.45
Last Name Sims	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Friends of Peter Aman, Inc.		
Address 50 Mount Zion Rd SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 R2				
City Atlanta				
State GA	Zip 30354-2359			

Page Total \$287.27

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lashawn	Date 08/11/2017	Occupation Field	Contract Worker	\$108.90
Last Name Sims	<input checked="" type="checkbox"/> Expenditure			
Address 50 Mount Zion Rd SW	<input type="checkbox"/> In-kind			
Address2 R2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement	Employer Friends of Peter Aman, Inc.		
Zip 30354-2359	<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 Lashawn	Date 08/25/2017	Occupation Field	Contract Worker	\$84.70
Last Name Sims	<input checked="" type="checkbox"/> Expenditure			
Address 50 Mount Zion Rd SW	<input type="checkbox"/> In-kind			
Address2 R2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement	Employer Friends of Peter Aman, Inc.		
Zip 30354-2359	<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 Khouri	Date 07/14/2017	Occupation Staff	Contract Worker	\$217.80
Last Name Smith	<input checked="" type="checkbox"/> Expenditure			
Address 2601 Brynlyn Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City	<input type="checkbox"/> Refund			
State	<input type="checkbox"/> Reimbursement	Employer Friends of Peter Aman		
Zip	<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			

Page Total \$411.40

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khouri	Date 07/19/2017	Occupation Staff	Parking Fee Reimbursement	\$12.00
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Khouri	Date 07/21/2017	Occupation Staff	Contract Worker	\$217.80
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Khouri	Date 07/28/2017	Occupation Staff	Contract Worker	\$124.02
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				

Page Total \$353.82

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khouri	Date 08/11/2017	Occupation Staff	Contract Worker	\$284.35
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Khouri	Date 08/18/2017	Occupation Staff	Contract Worker	\$48.40
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Khouri	Date 08/25/2017	Occupation Staff	Contract Worker	\$148.22
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				

Page Total \$480.97

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khouri	Date 09/08/2017	Occupation Staff	Contract Worker	\$99.82
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Khouri	Date 09/20/2017	Occupation Staff	Parking fees	\$12.00
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Khouri	Date 09/22/2017	Occupation Staff	Contract Worker	\$102.85
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				

Page Total \$214.67

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Khouri	Date 09/29/2017	Occupation Staff	Contract Worker	\$99.82
Last Name Smith	<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 Friends of Peter Aman		
Address 2601 Brynlyn Ct				
Address2				
City				
State Zip				
First Name Priscilla	Date 09/22/2017	Occupation Staff	Contract Worker	\$72.60
Last Name Smith	<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 Friends of Peter Aman		
Address 1007 Mayson Turner Rd NW				
Address2				
City Atlanta				
State Zip GA 30314-2855				
First Name Priscilla	Date 09/29/2017	Occupation Staff	Field Operations	\$133.10
Last Name Smith	<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 Friends of Peter Aman		
Address 1007 Mayson Turner Rd NW				
Address2				
City Atlanta				
State Zip GA 30314-2855				

Page Total \$305.52

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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State of Georgia
Campaign Contribution Disclosure Report
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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Staples		Date 07/17/2017	Occupation	Office Supplies	\$181.72
Last Name		<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		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				
First Name Staples		Date 08/01/2017	Occupation	Office Supplies	\$102.68
Last Name		<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		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				
First Name Staples		Date 08/11/2017	Occupation	Office Supplies	\$354.24
Last Name		<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		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				

Page Total \$638.64

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Peter Aman, Inc

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Staples	Date 08/14/2017	Occupation	Office Supplies	\$43.49
Last Name	<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		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				
First Name Staples	Date 08/17/2017	Occupation	Office Supplies	\$328.27
Last Name	<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		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				
First Name Staples	Date 08/18/2017	Occupation	Office Supplies	\$255.88
Last Name	<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		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				

Page Total \$627.64

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Staples		Date 08/21/2017	Occupation	Returned office supplies	-\$255.88
Last Name		<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		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				
First Name Staples		Date 08/24/2017	Occupation	Returned supplies	-\$83.42
Last Name		<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		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				
First Name Staples		Date 08/24/2017	Occupation	Office Supplies	\$106.80
Last Name		<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		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				

Page Total -\$232.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Staples	Date 09/13/2017	Occupation	Office Supplies	\$146.98
Last Name	<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		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				
First Name Staples	Date 09/25/2017	Occupation	Office Supplies	\$115.16
Last Name	<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		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				
First Name Linda	Date 07/07/2017	Occupation retired	Contract Worker	\$108.90
Last Name Stroud	<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 retired		
Address 3541 Basswood Ct				
Address2				
City Decatur				
State GA				

Page Total \$371.04

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Suntrust Bank	Date 08/11/2017	Occupation	Payroll refund	-\$284.35
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address PO Box 305183	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Nashville				
State TN	Zip 37230-5183			
First Name Suntrust Bank	Date 08/18/2017	Occupation	Account analysis fee	\$80.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address PO Box 305183	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Nashville				
State TN	Zip 37230-5183			
First Name Suntrust Bank	Date 08/22/2017	Occupation	Bank Fee	\$8.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address PO Box 305183	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Nashville				
State TN	Zip 37230-5183			

Page Total -\$196.35

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

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Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Suntrust Bank	Date 08/22/2017	Occupation	Payroll refund	-\$36.30
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				
First Name Suntrust Bank	Date 09/07/2017	Occupation	Payroll refund	-\$90.75
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				
First Name Suntrust Bank	Date 09/13/2017	Occupation	Payroll refund	-\$108.90
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				

Page Total -\$235.95

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Suntrust Bank	Date 09/14/2017	Occupation	Returned item fee	\$38.00
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				
First Name Suntrust Bank	Date 09/14/2017	Occupation	Bank fee	\$38.00
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				
First Name Suntrust Bank	Date 09/21/2017	Occupation	Bank charge	\$36.20
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				

Page Total \$112.20

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Suntrust Bank	Date 09/21/2017	Occupation	Account analysis fee	\$208.50
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				
First Name Suntrust Bank	Date 09/29/2017	Occupation	Maintenance fee	\$15.00
Last Name	<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		
Address PO Box 305183				
Address2				
City Nashville				
State TN				
First Name Sweet on Peyton	Date 07/07/2017	Occupation	Food for event	\$40.00
Last Name	<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		
Address 2612 Ambria Dr				
Address2				
City Buford				
State GA				

Page Total \$263.50

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name System 5 Electronics	Date 07/11/2017	Occupation	Campaign Office Security System	\$114.00
Last Name	<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		
Address 2820 Campbellton Rd SW				
Address2				
City Atlanta				
State GA				
First Name System 5 Electronics			Date 09/20/2017	Occupation
Last Name	<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		
Address 2820 Campbellton Rd SW				
Address2				
City Atlanta				
State GA			Zip 30311-4505	
First Name Target			Date 08/25/2017	Occupation
Last Name	<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		
Address 375 18th St NW				
Address2				
City Atlanta				
State GA			Zip 30363-1190	

Page Total \$153.38

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Target	Date 09/05/2017	Occupation	Event Expenses	\$10.88
Last Name	<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		
Address 375 18th St NW				
Address2				
City Atlanta				
State GA				
First Name The Carter Center	Date 08/25/2017	Occupation	Event facility rental	\$2,000.00
Last Name	<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		
Address 453 Freedom Pkwy NE				
Address2				
City Atlanta				
State GA				
First Name The Oblander Group LLC	Date 07/17/2017	Occupation	Consulting Fee and Reimbursement	\$10,069.82
Last Name	<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		
Address 1100 Spring St NW				
Address2 Ste 360				
City Atlanta				
State GA				

Page Total \$12,080.70

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name The Oblander Group LLC	Date 08/04/2017	Occupation	Consulting Fee	\$6,500.00
Last Name	<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		
Address 1100 Spring St NW				
Address2 Ste 360				
City Atlanta				
State GA				
First Name The Oblander Group LLC	Date 09/12/2017	Occupation	Consulting Fee	\$6,500.00
Last Name	<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		
Address 1100 Spring St NW				
Address2 Ste 360				
City Atlanta				
State GA				
First Name Sharece Naomi	Date 07/07/2017	Occupation Field	Contract Worker	\$345.00
Last Name Thomas	<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 Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl				
Address2				
City Stone Mountain				
State GA				

Page Total \$13,345.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Sharece Naomi	Date 07/11/2017	Occupation Field	Event supplies	\$23.68
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 07/14/2017	Occupation Field	Contract Worker	\$412.50
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 07/21/2017	Occupation Field	Contract Worker	\$202.50
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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			

Page Total \$638.68

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Sharece Naomi	Date 08/04/2017	Occupation Field	Contract Worker	\$262.50
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 08/11/2017	Occupation Field	Contract Worker	\$408.75
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 08/18/2017	Occupation Field	Contract Worker	\$232.50
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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			

Page Total \$903.75

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Sharece Naomi	Date 08/25/2017	Occupation Field	Contract Worker	\$453.75
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 09/06/2017	Occupation Field	Contract Worker and Mileage Reimbursement	\$416.25
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 09/15/2017	Occupation Field	Contract Worker	\$610.00
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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			

Page Total \$1,480.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Sharece Naomi	Date 09/22/2017	Occupation Field	Contract Worker	\$610.00
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 09/29/2017	Occupation Field	Parking fee	\$38.92
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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 Sharece Naomi	Date 09/29/2017	Occupation Field	Contract Worker	\$610.00
Last Name Thomas	<input checked="" type="checkbox"/> Expenditure	Employer Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-4560	<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			

Page Total \$1,258.92

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Thought Capital	Date 07/31/2017	Occupation	Digital Media Services	\$7,000.00
Last Name	<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		
Address PO Box 8960				
Address2				
City Atlanta				
State GA				
First Name Thought Capital	Date 08/01/2017	Occupation	Digital Media Services	\$6,500.00
Last Name	<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		
Address PO Box 8960				
Address2				
City Atlanta				
State GA				
First Name Thought Capital	Date 08/31/2017	Occupation	Refund	-\$7,000.00
Last Name	<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		
Address PO Box 8960				
Address2				
City Atlanta				
State GA				

Page Total \$6,500.00

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Thought Capital	Date 09/22/2017	Occupation	Digital Media Services	\$8,000.00
Last Name	<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		
Address PO Box 8960				
Address2				
City Atlanta				
State GA				
First Name Susan	Date 07/21/2017	Occupation Contract Worker	Contract Worker	\$54.45
Last Name Trumpet	<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 Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl				
Address2				
City Stone Mountain				
State GA				
First Name Susan	Date 07/28/2017	Occupation Contract Worker	Contact worker	\$108.90
Last Name Trumpet	<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 Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl				
Address2				
City Stone Mountain				
State GA				

Page Total \$8,163.35

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Susan	Date 08/11/2017	Occupation Contract Worker	Contract Worker	\$163.35
Last Name Trumpet	<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 Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl				
Address2				
City Stone Mountain				
State GA				
First Name Susan	Date 08/18/2017	Occupation Contract Worker	Contract Worker	\$108.90
Last Name Trumpet	<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 Friends of Peter Aman, Inc.		
Address 4465 Chartley Pl				
Address2				
City Stone Mountain				
State GA				
First Name Vesuvius	Date 07/12/2017	Occupation	Food and Beverage	\$188.35
Last Name	<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		
Address				
Address2				
City				
State				

Page Total \$460.60

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Whole Foods Market	Date 09/01/2017	Occupation	Event Expenses	\$352.84
Last Name	<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		
Address 650 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Robin	Date 07/03/2017	Occupation Communications	Marketing	\$500.00
Last Name Williams	<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 Self Employed		
Address 1408 Wichita Dr SW				
Address2				
City Atlanta				
State GA				
First Name Mackenzie	Date 08/16/2017	Occupation Fundraiser	Office Supplies	\$22.85
Last Name Wood	<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 Literacy Action		
Address 206 Estoria St SE				
Address2				
City Atlanta				
State GA				

Page Total \$875.69

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

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Must list expenditures made to a single recipient for which the aggregate total is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Mackenzie	Date 09/15/2017	Occupation Fundraiser	Finance Consultant	\$3,000.00
Last Name Wood	<input checked="" type="checkbox"/> Expenditure			
Address 206 Estoria St SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund	Employer Literacy Action		
State GA	<input type="checkbox"/> Reimbursement			
Zip 30316-1110	<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 Young Democrats for Georgia	Date 09/27/2017	Occupation	Sponsorship	\$257.24
Last Name	<input checked="" type="checkbox"/> Expenditure			
Address PO Box 306	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Athens	<input type="checkbox"/> Refund	Employer		
State GA	<input type="checkbox"/> Reimbursement			
Zip 30603-0306	<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 ZAPP Software LLC	Date 08/11/2017	Occupation	Festival Fee	\$25.00
Last Name	<input checked="" type="checkbox"/> Expenditure			
Address 1743 Wazee St	<input type="checkbox"/> In-kind			
Address2 Ste 300	<input type="checkbox"/> Loan Repayment			
City Denver	<input type="checkbox"/> Refund	Employer		
State CO	<input type="checkbox"/> Reimbursement			
Zip 80202-1280	<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			

Page Total \$3,282.24

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

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name ZAPP Software LLC		Date 08/22/2017	Occupation	Festival Fee	\$275.00
Last Name		<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		
Address 1743 Wazee St					
Address2 Ste 300					
City Denver					
State CO	Zip 80202-1280				

Page Total \$275.00

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

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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.