

# 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

<b>1. Report Type</b> (Select One)  <input checked="" type="checkbox"/> Original Report  <input type="checkbox"/> Amendment  Amendment # _____	<b>2. Filing is being made on behalf of: (Select One)</b> Candidate or Public Official  Office Held or Sought <u>Mayor of City of Atlanta</u> (Include county, municipality, district, post, or judicial circuit)  Filer ID _____ 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) Keisha Lance Bottoms (2) 10/06/2017  
*Full Name of Candidate or Other Than Candidate Campaign Committee* *Today's Date*
- (3) Atlanta GA 31131  
*Mailing Address* *City* *State* *Zip Code*
- (4) \_\_\_\_\_ and / or \_\_\_\_\_  
*Primary Contact Phone Number* *com* *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:
- |   |   |
|---|---|
| _____<br><i>Name of Committee Chairperson</i> | _____<br><i>Name of Committee Treasurer</i> |
|---|---|

### 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) <b>Supplemental Reporting</b> <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 \_\_\_\_\_

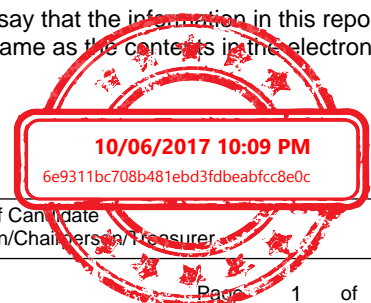
I, \_\_\_\_\_, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

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 Keisha Lance Bottoms for Mayor

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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.	\$8,300.00	\$664,301.11
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$2,600.00	\$459,658.00
3a	All loans received this reporting period.		\$60,000.00
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	\$0.00
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4).	\$2,600.00	\$519,658.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$10,900.00	\$1,183,959.11

## 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	\$278,769.70
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$462,632.07
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	\$674.98
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$463,307.05
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$742,076.75

## 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)		\$441,882.36
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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.		\$180,823.11
2	Loans received this reporting period		\$60,000.00
3	Deferred payment of expenses this reporting period		\$794.93
4	Payments made on loans this reporting period		\$50,000.00
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)		\$191,618.04

\* 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 A National Limousine SVC	Date 09/30/2017	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. \$1,600.00	Est. Value \$0.00		
Last Name							
Address 1990 Metropolitan Pkwy SW							
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 30315-5942
Aff. Comm.							
First Name / Business Name A National Limousine SVC	Date 09/30/2017	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. \$900.00	Est. Value \$0.00		
Last Name							
Address 1990 Metropolitan Pkwy SW							
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 30315-5942
Aff. Comm.							
First Name / Business Name Eskender	Date 09/20/2017	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. \$500.00	Est. Value \$0.00		
Last Name Abebe							
Address							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Benchmark Management			
City							
State							Zip
Aff. Comm.							

Itemized Contribution Page Total

\$3,000.00

\$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 Eskender	Date 09/27/2017	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. \$1,300.00	Est. Value \$0.00
Last Name Abebe					Description
Address					
Address2					
City					
State      Zip					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Barnes Advisors	Date 09/22/2017	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 Advisors					Description
Address 1565 Moores Mill Rd NW					
Address2					
City Atlanta					
State      Zip					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Airport Spinal Injury Clinic	Date 09/22/2017	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. \$1,200.00	Est. Value \$0.00
Last Name					Description
Address 809 N Central Ave					
Address2					
City Hapeville					
State      Zip					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan

**Itemized Contribution Page Total**

\$3,500.00

\$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 George	Date 09/16/2017	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	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Ajy						
Address 3281 Academy Sq	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer R2T	2017		Description	
Address2 Ste 101						
City Atlanta						
State GA						Zip 30337-1435
Aff. Comm.						
First Name / Business Name Ileana	Date 09/30/2017	Occupation Information 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	Cash Amt. \$2,500.00	Est. Value \$0.00	
Last Name Alberni						
Address 430 Grand Bay Dr	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested	2017		Description	
Address2 Apt 306						
City Key Biscayne						
State FL						Zip 33149-1933
Aff. Comm.						
First Name / Business Name Bradley L.	Date 09/27/2017	Occupation Senior 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	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Alexander						
Address 412 Ponce De Leon Pl	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer McGuire Woods	2017		Description	
Address2						
City Decatur						
State GA						Zip 30030-5124
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,250.00

\$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 Courtney	Date 07/17/2017	Occupation Default 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. \$10.00	Est. Value \$0.00
Last Name Alexander					
Address 6368 Selborn Dr SW					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer First Investors Financial Services			Description
City Atlanta					
State GA				Zip 30331-9404	
Aff. Comm.					
First Name / Business Name Leticia B.	Date 09/30/2017	Occupation Information 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. \$50.00	Est. Value \$0.00
Last Name Alfred					
Address 8225 Tynecastle Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information Requested			Description
City Atlanta					
State GA				Zip 30350-3515	
Aff. Comm.					
First Name / Business Name Omar	Date 09/10/2017	Occupation construction	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Ali					
Address 2366 Sylvan Rd					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Aim steel international			Description
City Atlanta					
State GA				Zip 30344-1818	
Aff. Comm.					

**Itemized Contribution Page Total**

\$310.00

\$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 All-N-1 Security Services, Inc.	Date 09/30/2017	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					Description
Address 3915 Cascade Rd SW					
Address2 Ste 340	<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					
Aff. Comm.					
First Name / Business Name Wendell	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. \$10.00	Est. Value \$0.00
Last Name Allmon					Description
Address 310 Hackmann Ln					
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 Creve Coeur					
State MO					
Aff. Comm.					
First Name / Business Name Carroll	Date 08/15/2017	Occupation  Information 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. \$150.00	Est. Value \$0.00
Last Name Allston					Description
Address 72 Waumbeck St					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			
City Dorchester					
State MA					
Aff. Comm.					

**Itemized Contribution Page Total**

\$2,760.00

\$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 09/26/2017	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. \$2,600.00	Est. Value \$0.00
Last Name Alvarez					
Address 214 W Erie St					
Address2					
City Chicago					
State IL					Zip 60654-3911
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Alvarez and Associates			Description
First Name / Business Name Peter Jr.	Date 09/30/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Amaro					
Address 13335 SW 36th St					
Address2					
City Miami					
State FL					Zip 33175-6912
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name AMC, Inc.	Date 09/30/2017	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					
Address 240 Peachtree St NW					
Address2 Ste 2200					
City Atlanta					
State GA					Zip 30303-1327
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**

\$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 Amgood Strategies LTD	Date 09/30/2017	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. \$100.00	Est. Value \$0.00
Last Name					
Address 11240 Amy Frances Ln					
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 Alpharetta					
State GA					
Aff. Comm.					
First Name / Business Name Amgood Strategies LTD	Date 09/30/2017	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 11240 Amy Frances Ln					
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 Alpharetta					
State GA					
Aff. Comm.					
First Name / Business Name Anita M.	Date 09/10/2017	Occupation  Senior Financial Analyst	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Anderson					
Address 7236 S Woodlawn Ave					
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Regional Transportation Authority of Chicago	Description
City Chicago					
State IL					
Aff. Comm.					

**Itemized Contribution Page Total**

\$1,700.00

\$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 Carol L	Date 07/08/2017	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 Anderson					
Address 4435 Park Center Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-2032
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 Darrell	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. \$1,000.00	Est. Value \$0.00
Last Name Anderson					
Address 2785 Autumn Lake Ln					
Address2					
City Decatur					
State GA					Zip 30034-3559
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 Mikki	Date 09/30/2017	Occupation 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. \$100.00	Est. Value \$0.00
Last Name Anderson					
Address 3 Vale Close NE					
Address2					
City Atlanta					
State GA					Zip 30324-2921
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 Michaels Development Co.			

**Itemized Contribution Page Total**

\$1,150.00

\$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.  
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 Antico Foods LLC  Last Name  Address 1093 Hemphill Ave NW  Address2  City Atlanta  State GA      Zip 30318-5450  Aff. Comm.	Date 09/22/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  Employer  Information 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. \$2,600.00	Est. Value \$0.00  Description
First Name / Business Name Carol E.  Last Name Archer  Address 164 W 133rd St  Address2  City New York  State NY      Zip 10030-3302  Aff. Comm.	Date 08/13/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  Employer Information 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. \$200.00	Est. Value \$0.00  Description
First Name / Business Name Courtney  Last Name Armstrong  Address 18516 Wells Dr  Address2  City Tarzana  State CA      Zip 91356-4138  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 Vice President  Employer Warner Brothers	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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**

\$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 Slyvia	Date 09/29/2017	Occupation 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. \$20.00	Est. Value \$0.00
Last Name Arnold					
Address 1017 Elswick Ln					
Address2					
City Hampton					
State GA					Zip 30228-4944
Aff. Comm.					
	<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			Description
First Name / Business Name ATL Concession Partners LLC	Date 09/20/2017	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. \$1,600.00	Est. Value \$0.00
Last Name					
Address 100 Peachtree St NW					
Address2 Ste 1900					
City Atlanta					
State GA					Zip 30303-1924
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 Atlanta Airport Shuttle, LLC	Date 09/30/2017	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					
Address 1990 Metropolitan Pkwy SW					
Address2					
City Atlanta					
State GA					Zip 30315-5942
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**

\$2,620.00

\$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 Atlanta Hawks, LLC	Date 09/30/2017	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					Description	
Address 101 Marietta St NW						
Address2 Ste 1900	<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 30303-2771
Aff. Comm.						
First Name / Business Name Atlanta Metropolitan Auto , LLC	Date 09/30/2017	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. \$2,000.00	Est. Value \$0.00	
Last Name					Description	
Address						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City						
State						Zip
Aff. Comm.						
First Name / Business Name Patricia	Date 09/28/2017	Occupation  Executive 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. \$30.00	Est. Value \$0.00	
Last Name Avery					Description	
Address 1403 Briarwood Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CU Area Project				
City Champaign						
State IL						Zip 61821-4770
Aff. Comm.						

**Itemized Contribution Page Total**

\$4,530.00

\$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 Azure Services, LLC  Last Name  Address PO Box 17679  Address2  City Atlanta  State GA Zip 30316-0679  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. \$1,000.00	Est. Value \$0.00   Description
First Name / Business Name B3 Consulting, LLC  Last Name  Address 540 S Broad St  Address2 Ste C  City New Orleans  State LA Zip 70119-7413  Aff. Comm.	Date 09/25/2017  <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. \$2,500.00	Est. Value \$0.00   Description
First Name / Business Name Francenis  Last Name Baez  Address 2375 Hyde Park Ct NW  Address2  City Atlanta  State GA Zip 30318-2388  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 Student   Employer Not 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. \$2,500.00	Est. Value \$0.00   Description

**Itemized Contribution Page Total**

\$6,000.00

\$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 Franchesca	Date 09/29/2017	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. \$2,500.00	Est. Value \$0.00			
Last Name Baez								
Address 2375 Hyde Park 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 Student			Description	
City Atlanta								
State GA								Zip 30318-2388
Aff. Comm.								
First Name / Business Name Bailey & Hunter, Inc.	Date 09/30/2017	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. \$10.00	Est. Value \$0.00			
Last Name								
Address								
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								
State								Zip
Aff. Comm.								
First Name / Business Name Reneathia	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. \$100.00	Est. Value \$0.00			
Last Name Baker								
Address 962 Willowood Ln SW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Kaiser Permanente			Description	
City Atlanta								
State GA								Zip 30331-9006
Aff. Comm.								

**Itemized Contribution Page Total**

\$2,610.00

\$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 Carolyn Long	Date 09/02/2017	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. \$50.00	Est. Value \$0.00
Last Name Banks					
Address 1275 Fair St SW					
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 30314-2636	
Aff. Comm.					
First Name / Business Name James	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. \$25.00	Est. Value \$0.00
Last Name Banks					
Address 644 Eloise St SE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer WM			Description
City Atlanta					
State GA				Zip 30312-3508	
Aff. Comm.					
First Name / Business Name Cindy	Date 09/20/2017	Occupation Project 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 Barnes					
Address 2847 Main St					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bryson Constructors			Description
City East Point					
State GA				Zip 30344-3372	
Aff. Comm.					

**Itemized Contribution Page Total**

\$1,075.00

\$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 Emma L	Date 07/14/2017	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. \$20.00	Est. Value \$0.00
Last Name Barney					
Address 3811 Crosby Dr NW					
Address2					
City Atlanta					
State GA					Zip 30331-3432
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 Joseph	Date 09/27/2017	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 Basista					
Address 209 Hickory Nut Ln					
Address2					
City Canton					
State GA					Zip 30115-5225
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Department of Watershed Management Dekalb County			
First Name / Business Name Kelly	Date 09/10/2017	Occupation Public Relations	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Beaty					
Address 125 Scarlett Oak Way					
Address2					
City Fayetteville					
State GA					Zip 30214-2648
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Kelsher Communications			

**Itemized Contribution Page Total**

\$770.00

\$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 Dean P.	Date 09/28/2017	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. \$500.00	Est. Value \$0.00
Last Name Bell					
Address 230 Peachtree St NW					
Address2 Ste 470					
City Atlanta					
State GA					Zip 30303-1534
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer MWH Global			Description
First Name / Business Name Benchmark Management, LLC	Date 09/08/2017	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 100 Peachtree St NW					
Address2 Ste 1900					
City Atlanta					
State GA					Zip 30303-1924
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 Stephen	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. \$1,000.00	Est. Value \$0.00
Last Name Benjamin					
Address 100 Island View Cir					
Address2					
City Elgin					
State SC					Zip 29045-9180
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Benjamin Law Firm			Description

**Itemized Contribution Page Total**

\$4,000.00

\$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 Steve	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. \$500.00	Est. Value \$0.00	
Last Name Benjamin's						
Address 100 Island View Cir						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Benjamin Law Firm			Description	
City Elgin						
State SC						Zip 29045-9180
Aff. Comm.						
First Name / Business Name Luke	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. \$100.00	Est. Value \$0.00	
Last Name Beno						
Address 1940 Windham Park NE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TSPMG			Description	
City Atlanta						
State GA						Zip 30324-4956
Aff. Comm.						
First Name / Business Name Carlese	Date 09/10/2017	Occupation Sales Representative	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Benson						
Address 135 Weeping Willow Way						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Humana Inc.			Description	
City Tyrone						
State GA						Zip 30290-2626
Aff. Comm.						

**Itemized Contribution Page Total**

\$700.00

\$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 Jay	Date 07/20/2017	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. \$50.00	Est. Value \$0.00			
Last Name Berkelhamer								
Address 3415 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 Retired			Description	
City Atlanta								
State GA								Zip 30305-1148
Aff. Comm.								
First Name / Business Name Bey and Associates, LLC	Date 09/30/2017	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 191 Peachtree St NE								
Address2 Ste 3230		<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 30303-1763
Aff. Comm.								
First Name / Business Name April	Date 09/22/2017	Occupation Information 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. \$50.00	Est. Value \$0.00			
Last Name Bivens								
Address 5843 Cobblestone Creek Cir								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			Description	
City Mableton								
State GA								Zip 30126-2656
Aff. Comm.								

**Itemized Contribution Page Total**

\$2,700.00

\$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 Abraham	Date 09/30/2017	Occupation Information 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. \$220.00	Est. Value \$0.00	
Last Name Blanco						
Address						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested		
City						
State      Zip						
Aff. Comm.						
First Name / Business Name Elizabeth H.	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 Block						
Address 837 Brookhaven Springs Ct NE						
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 Hospital		
City Atlanta						
State      Zip GA      30342-3551						
Aff. Comm.						
First Name / Business Name Rod	Date 09/30/2017	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. \$25.00	Est. Value \$0.00	
Last Name Bolden						
Address 3471 Clifton Farm Dr						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Georgia Tech		
City Decatur						
State      Zip GA      30034-3714						
Aff. Comm.						

**Itemized Contribution Page Total**

\$295.00

\$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 Johnnie Brooks	Date 09/10/2017	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 Booker					Description	
Address 1735 Peachtree 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				
City Atlanta						
State GA						Zip 30309-7002
Aff. Comm.						
First Name / Business Name BPJ Enterprise	Date 09/30/2017	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. \$1,500.00	Est. Value \$0.00	
Last Name					Description	
Address 4640 Heatherwood Dr SW						
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 30331-7412
Aff. Comm.						
First Name / Business Name BrandBank	Date 09/22/2017	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					Description	
Address PO Box 111						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City Lawrenceville						
State GA						Zip 30046-0111
Aff. Comm.						

**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 John	Date 07/14/2017	Occupation Chairman/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 Brewer					
Address 615 Belmont Crest Dr SE					
Address2 Marietta					
City Marietta					
State GA					Zip 30067-9114
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Vantage Private Capital			Description
First Name / Business Name Staci	Date 08/29/2017	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 Brill					
Address 480 Cameron Valley Ct					
Address2					
City Atlanta					
State GA					Zip 30328-4711
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 Eplan Group			Description
First Name / Business Name New Beginnings Trap	Date 09/16/2017	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 Brooks					
Address 5375 N Powers Ferry Rd					
Address2					
City Atlanta					
State GA					Zip 30327-4627
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**

\$1,300.00

\$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 09/29/2017	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. \$2,600.00	Est. Value \$0.00
Last Name Brooks					
Address PO Box 55469					
Address2					
City Atlanta					
State GA					Zip 30308-5469
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TANGU, Inc.			
First Name / Business Name Australilia	Date 08/23/2017	Occupation Information 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. \$200.00	Est. Value \$0.00
Last Name Brown Parks					
Address 2619 Santa Monica Dr NW					
Address2					
City Atlanta					
State GA					Zip 30318-7330
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			
First Name / Business Name Danny R.	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. \$2,600.00	Est. Value \$0.00
Last Name Brown					
Address 1921 Boulevard St					
Address2 Ste C					
City Greensboro					
State NC					Zip 27407-4560
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer United Maintenance Group			

**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 Kornisha	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. \$10.00	Est. Value \$0.00	
Last Name Brown						
Address						
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						
State      Zip						
Aff. Comm.						
First Name / Business Name Neysa D	Date 09/30/2017	Occupation  Health Care 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 Brown						
Address 4480 S Cobb Dr SE						
Address2 # 384		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Diversified Search		Description
City Smyrna						
State      Zip						
Aff. Comm.						
First Name / Business Name Scott C.	Date 09/30/2017	Occupation  Information 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. \$2,600.00	Est. Value \$0.00	
Last Name Brown						
Address 2926 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 Information requested		Description
City Atlanta						
State      Zip						
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,710.00

\$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 Byron	Date 08/23/2017	Occupation Driver	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Bryson						
Address 345 Glen Iris Dr NE						
Address2 Unit 7					<input checked="" type="checkbox"/> Monetary	Employer Uber
City Atlanta					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30312-1511					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Byron	Date 09/30/2017	Occupation Driver	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Bryson						
Address 345 Glen Iris Dr NE						
Address2 Unit 7					<input checked="" type="checkbox"/> Monetary	Employer Uber
City Atlanta					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30312-1511					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Nick	Date 09/29/2017	Occupation Attorney / restaurateur / 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. \$2,000.00	Est. Value \$0.00	
Last Name Buford						
Address 7660 Beverly Blvd						
Address2 167					<input checked="" type="checkbox"/> Monetary	Employer Nicholas & Associates
City Los Angeles					<input type="checkbox"/> Inkind	
State CA					<input type="checkbox"/> Common Source	
Zip 90036-2734					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,110.00

\$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 Ronald V.	Date 09/25/2017	Occupation Information 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. \$500.00	Est. Value \$0.00			
Last Name Burns Sr.								
Address 6350 Eastover Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			Description	
City New Orleans								
State LA								Zip 70128-3622
Aff. Comm.								
First Name / Business Name Business Traveler Services, Inc.	Date 09/27/2017	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 4005 Nine McFarland Dr								
Address2 Ste 200		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City Alpharetta								
State GA								Zip 30004-3354
Aff. Comm.								
First Name / Business Name Business Traveler Services, Inc.	Date 09/27/2017	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 4005 Nine McFarland Dr								
Address2 Ste 200		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City Alpharetta								
State GA								Zip 30004-3354
Aff. Comm.								

**Itemized Contribution Page Total**

\$1,500.00

\$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 Business Traveler Services, Inc.	Date 09/27/2017	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					Description
Address 4005 Nine McFarland Dr					
Address2 Ste 200	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
City Alpharetta					
State GA					
Aff. Comm.					
First Name / Business Name RICHARD H	Date 09/04/2017	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 BYRD					Description
Address 253 Tonawanda Dr SE					
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					
Aff. Comm.					
First Name / Business Name RICHARD 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. \$100.00	Est. Value \$0.00
Last Name BYRD					Description
Address 253 Tonawanda Dr SE					
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					
Aff. Comm.					

**Itemized Contribution Page Total**

\$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 C3 Presents, 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. \$1,100.00	Est. Value \$0.00		
Last Name							
Address 300 W 6th St							
Address2 Ste 2100		<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 Austin							
State TX							Zip 78701-3911
Aff. Comm.							
First Name / Business Name Caduceus USA	Date 09/19/2017	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 535 N Central Ave							
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 Hapeville							
State GA							Zip 30354-1603
Aff. Comm.							
First Name / Business Name Anika	Date 08/23/2017	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 Calloway							
Address 3358 Regent Pl SW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Equifax Inc.	<input 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 30311-3095
Aff. Comm.							

**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 Tedric	Date 09/30/2017	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. \$10.00	Est. Value \$0.00	
Last Name Campbell						
Address 3067 Bellingham Way						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Johnson Research			Description	
City Lithia Springs						
State GA						Zip 30122-2191
Aff. Comm.						
First Name / Business Name Kimberly J.	Date 09/10/2017	Occupation Information 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. \$500.00	Est. Value \$0.00	
Last Name Carson						
Address 3241 Herrenhut Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description	
City Lithonia						
State GA						Zip 30038-2780
Aff. Comm.						
First Name / Business Name Cynthia S.	Date 08/10/2017	Occupation Information 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. \$200.00	Est. Value \$0.00	
Last Name Carter						
Address 1870 Commonwealth Ave						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description	
City Auburndale						
State MA						Zip 02466-2408
Aff. Comm.						

**Itemized Contribution Page Total**

\$710.00

\$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 Hannah	Date 09/30/2017	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. \$2,600.00	Est. Value \$0.00	
Last Name Carter						
Address 3324 Peachtree 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 Sun Solutions LLC			Description	
City Atlanta						
State GA						Zip 30326-1001
Aff. Comm.						
First Name / Business Name Troy	Date 09/29/2017	Occupation Media 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 Carter						
Address 10351 Washington Blvd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atom Factory			Description	
City Culver City						
State CA						Zip 90232-3149
Aff. Comm.						
First Name / Business Name Wilvin	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. \$100.00	Est. Value \$0.00	
Last Name Carter						
Address 15 Cinque Terre Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Law Offices of Wilvin J. Carter			Description	
City Missouri City						
State TX						Zip 77459-1178
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,700.00

\$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 Fernando A.	Date 09/30/2017	Occupation Information 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. \$2,000.00	Est. Value \$0.00	
Last Name Castano					Description	
Address 480 John Wesley Dobbs Ave NE						
Address2 Unit 620	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30312-5331
Aff. Comm.						
First Name / Business Name Barron	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. \$1,000.00	Est. Value \$0.00	
Last Name Channer					Description	
Address 1320 NE 156th St						
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 North Miami Beach						
State FL						Zip 33162-5540
Aff. Comm.						
First Name / Business Name LaSonja	Date 07/01/2017	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. \$220.00	Est. Value \$0.00	
Last Name Chapple					Description	
Address 50434 Telluride Cir						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Pfizer				
City Canton						
State MI						Zip 48187-4598
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,220.00

\$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 Takeisha	Date 09/25/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00	
Last Name Charles					Description	
Address 17 Park Timbers Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City New Orleans						
State LA						Zip 70131-8615
Aff. Comm.						
First Name / Business Name Jonathan	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. \$500.00	Est. Value \$0.00	
Last Name Charleston					Description	
Address 132 Great Oaks						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer R Jonathan Charleston PA				
City Fayetteville						
State NC						Zip 28303-4978
Aff. Comm.						
First Name / Business Name Chastain Concessions, 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. \$2,500.00	Est. Value \$0.00	
Last Name					Description	
Address PO Box 52997						
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 30355-0997
Aff. Comm.						

**Itemized Contribution Page Total**

\$5,600.00

\$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 Alli	Date 09/29/2017	Occupation Pharmacy Team 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. \$2,000.00	Est. Value \$0.00	
Last Name Chaytou						
Address 20252 Brookwood St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Meijer				
City Dearborn Heights						
State MI				Zip 48127-2766		
Aff. Comm.						
First Name / Business Name Wandra	Date 08/19/2017	Occupation Social Work 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. \$10.00	Est. Value \$0.00	
Last Name Chenault						
Address 4665 Guilford Forest Dr SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Salvation Army				
City Atlanta						
State GA				Zip 30331-7393		
Aff. Comm.						
First Name / Business Name Wallace	Date 08/31/2017	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 Chester						
Address 238 Walker St SW						
Address2 Unit 14	<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 30313-1267		
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,060.00

\$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 Civil Site Services, Inc.	Date 09/27/2017	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. \$2,000.00	Est. Value \$0.00			
Last Name								
Address 135 Tober Trl								
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 Fayetteville								
State GA								Zip 30214-5905
Aff. Comm.								
First Name / Business Name Jeffery	Date 09/30/2017	Occupation  Insurance Underwriting - 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. \$100.00	Est. Value \$0.00			
Last Name Clark								
Address 856 Woodleaf Park Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Chubb Insurance Group			Description	
City Mableton								
State GA								Zip 30126-7617
Aff. Comm.								
First Name / Business Name John	Date 09/30/2017	Occupation  Management	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Clark								
Address 1167 Saint Augustine Pl NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer SSP America			Description	
City Atlanta								
State GA								Zip 30306-4520
Aff. Comm.								

**Itemized Contribution Page Total**

\$3,100.00

\$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 Jonathan	Date 09/30/2017	Occupation Program 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. \$100.00	Est. Value \$0.00	
Last Name Clark					Description	
Address 3149 Bending Birch Pl						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hester Group				
City Charlotte						
State NC						Zip 28206-1429
Aff. Comm.						
First Name / Business Name Roger	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. \$100.00	Est. Value \$0.00	
Last Name Clark					Description	
Address 1415 Montague St NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Squire Patton Boggs				
City Washington						
State DC						Zip 20011-2852
Aff. Comm.						
First Name / Business Name Sabrina	Date 07/01/2017	Occupation Corporate 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. \$22.00	Est. Value \$0.00	
Last Name Clark					Description	
Address 977 Linsley Way						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer IBM				
City Stone Mountain						
State GA						Zip 30087-6083
Aff. Comm.						

**Itemized Contribution Page Total**

\$222.00

\$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 Shedia	Date 09/30/2017	Occupation Judicial	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Clark					
Address 3357 Laurel Way SE					
Address2					
City Smyrna					
State GA					Zip 30080-4461
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AMC			Description
First Name / Business Name Stacy	Date 09/10/2017	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 Cole					
Address 3530 Piedmont Rd NE					
Address2 Apt 6I					
City Atlanta					
State GA					Zip 30305-1525
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Comcast			Description
First Name / Business Name Michael V	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. \$500.00	Est. Value \$0.00
Last Name Coleman					
Address 165 Milano Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-8379
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Epstein Becker Green PC			Description

Itemized Contribution Page Total

\$760.00

\$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 Sterling	Date 09/26/2017	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. \$2,000.00	Est. Value \$0.00		
Last Name Coleman					Description		
Address 3080 Highlands Pkwy SE							
Address2 Ste C							
City Smyrna							
State GA							
Zip 30082-5183					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Zaxby's	
Aff. Comm.							
First Name / Business Name Concessions Development Group, LLC	Date 09/30/2017	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							Description
Address 201 Alhambra Cir							
Address2 Ste 702							
City Coral Gables							
State FL							
Zip 33134-5111					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	
Aff. Comm.							
First Name / Business Name Peter	Date 09/29/2017	Occupation Live Nation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Conlon							Description
Address 1111 Crest Valley Dr							
Address2							
City Atlanta							
State GA							
Zip 30327-4582					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer President	
Aff. Comm.							

**Itemized Contribution Page Total**

\$7,000.00

\$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 R. Stan	Date 09/30/2017	Occupation SVP & Director of 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. \$2,600.00	Est. Value \$0.00
Last Name Conway					
Address					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Majestic Realty			Description
City					
State      Zip					
Aff. Comm.					
First Name / Business Name Kristi	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. \$10.00	Est. Value \$0.00
Last Name Craig Moses					
Address 5872 Clearwater Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer raytheon			Description
City The Colony					
State      Zip TX      75056-3865					
Aff. Comm.					
First Name / Business Name Forrest J.	Date 09/28/2017	Occupation Information 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. \$250.00	Est. Value \$0.00
Last Name Crayford					
Address 829 Pinehurst Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
City Woodstock					
State      Zip GA      30188-1986					
Aff. Comm.					

**Itemized Contribution Page Total**

\$2,860.00

\$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 Rob	Date 09/28/2017	Occupation Airport Concessionaire & 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. \$2,000.00	Est. Value \$0.00	
Last Name Crews						
Address 705 Town Blvd NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer RC3 Enterprises, LLC			Description	
Address2 Apt 170						
City Brookhaven						
State GA						Zip 30319-3042
Aff. Comm.						
First Name / Business Name Robert	Date 09/28/2017	Occupation Retailer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Crews						
Address 8685 W Sahara Ave	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Crews Enterprises			Description	
Address2 Ste 280						
City Las Vegas						
State NV						Zip 89117-5886
Aff. Comm.						
First Name / Business Name Crown Captive Insurance Company, Inc	Date 09/30/2017	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						
Address 1042 Lindbergh Dr NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description	
Address2						
City Atlanta						
State GA						Zip 30324-3728
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 Ryan E.	Date 09/27/2017	Occupation Senior 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. \$2,600.00	Est. Value \$0.00
Last Name Curry					
Address 2263 Vinings Cv SE					
Address2					
City Smyrna					
State GA					Zip 30080-4691
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			Description
First Name / Business Name Jason	Date 09/30/2017	Occupation IT Project 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. \$150.00	Est. Value \$0.00
Last Name Curtis					
Address 3009 W Girard Ave					
Address2					
City Philadelphia					
State PA					Zip 19130-1121
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer NGHS			Description
First Name / Business Name D&J	Date 09/20/2017	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					
Address 2849 Paces Ferry Rd SE					
Address2 Overlook I, Suite 400					
City Atlanta					
State GA					Zip 30339-6201
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**

\$3,750.00

\$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 Gregory DWAIN	Date 07/03/2017	Occupation Police 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. \$20.00	Est. Value \$0.00		
Last Name Dabney					Description		
Address 3152 Esplanade Cir SW							
Address2							
City Atlanta							
State GA							
Zip 30311-4221					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta	
Aff. Comm.							
First Name / Business Name Gregory DWAIN	Date 08/04/2017	Occupation Police 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. \$20.00			Est. Value \$0.00
Last Name Dabney							Description
Address 3152 Esplanade Cir SW							
Address2							
City Atlanta							
State GA							
Zip 30311-4221					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta	
Aff. Comm.							
First Name / Business Name Elsine	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. \$20.00			Est. Value \$0.00
Last Name Daniel							Description
Address 2203 Fleetwood Ct SW							
Address2							
City Atlanta							
State GA							
Zip 30311-2534					<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.							

Itemized Contribution Page Total

\$60.00

\$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 Kimberlyn	Date 09/08/2017	Occupation Chief Human Resources 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. \$1,000.00	Est. Value \$0.00
Last Name Daniel					
Address 2311 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 Payspan			Description
City Brookhaven					
State GA				Zip 30319-3341	
Aff. Comm.					
First Name / Business Name Corliss	Date 09/27/2017	Occupation Special Project Manager/DOA	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Davenport					
Address 3652 Lake Estates Way					
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			Description
City Atlanta					
State GA				Zip 30349-1894	
Aff. Comm.					
First Name / Business Name Stefanie	Date 09/27/2017	Occupation Information 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. \$25.00	Est. Value \$0.00
Last Name Davenport-Maddox					
Address 3846 Kenner Dr SW					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
City Atlanta					
State GA				Zip 30331-3738	
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 Doug	Date 09/30/2017	Occupation 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. \$500.00	Est. Value \$0.00	
Last Name Davidson					Description	
Address 1180 W Peachtree St NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer New South Construction Company				
City Atlanta						
State GA						Zip 30309-3407
Aff. Comm.						
First Name / Business Name Timothy	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. \$50.00	Est. Value \$0.00	
Last Name Davies					Description	
Address 1069 Colquitt 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 Radio One, Inc.				
City Atlanta						
State GA						Zip 30307-1944
Aff. Comm.						
First Name / Business Name Angela	Date 09/22/2017	Occupation Physical 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. \$50.00	Est. Value \$0.00	
Last Name Davis					Description	
Address 123 Cottisford Dr SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Concentra				
City Atlanta						
State GA						Zip 30331-8376
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 Charles K.	Date 09/20/2017	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. \$1,000.00	Est. Value \$0.00
Last Name Deeb					
Address 447 Timbercreek Estates Dr					
Address2					
City Sharpsburg					
State GA					Zip 30277-3596
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TY Lin International			Description
First Name / Business Name Terry	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. \$1,500.00	Est. Value \$0.00
Last Name Delley					
Address 400 Market Pl					
Address2					
City Roswell					
State GA					Zip 30075-3909
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Trinity Group Properties			Description
First Name / Business Name Andre & Julia	Date 09/06/2017	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 Demetrius					
Address 5024 Duxford Dr SE					
Address2					
City Smyrna					
State GA					Zip 30082-5058
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Willis Towers Watson			Description

**Itemized Contribution Page Total**

\$2,750.00

\$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 Chiquita T.	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. \$250.00	Est. Value \$0.00
Last Name Dent					
Address 220 Stratton Place Way SW					
Address2					
City Atlanta					
State GA					Zip 30331-6835
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				
First Name / Business Name Chiquita T.	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. \$250.00	Est. Value \$0.00
Last Name Dent					
Address 220 Stratton Place Way SW					
Address2					
City Atlanta					
State GA					Zip 30331-6835
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				
First Name / Business Name Chiquita T.	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 Dent					
Address 220 Stratton Place Way SW					
Address2					
City Atlanta					
State GA					Zip 30331-6835
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

\$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 MICHELLE	Date 09/22/2017	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. \$100.00	Est. Value \$0.00
Last Name DESHIELDS					Description
Address 463 Hamilton St SE					
Address2					
City Atlanta					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Sundiata	Date 07/01/2017	Occupation Self Employed - Managing 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. \$50.00	Est. Value \$0.00
Last Name DeVore					Description
Address 518 Eastern Pkwy					
Address2 Apt 2					
City Brooklyn					
State NY					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Douglas 'Deway'	Date 09/22/2017	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 Dewberry, II					Description
Address 525 Broadland Rd NW					
Address2 M					
City Atlanta					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan

**Itemized Contribution Page Total**

\$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 Jeffery	Date 09/28/2017	Occupation Engineering 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. \$200.00	Est. Value \$0.00	
Last Name Dingle					Description	
Address 6276 Rosecommon Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Jacobs				
City Norcross						
State GA						Zip 30092-1852
Aff. Comm.						
First Name / Business Name Giovanni	Date 08/29/2017	Occupation Hospitality	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 DiPalma					Description	
Address 91 W Paces Ferry Rd NW						
Address2 8	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Antico foods . Llc				
City Atlanta						
State GA						Zip 30305-1348
Aff. Comm.						
First Name / Business Name ROBERT M	Date 09/30/2017	Occupation Information 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. \$250.00	Est. Value \$0.00	
Last Name DIXON					Description	
Address 310 Hidden Oak Ct SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information Requested				
City Atlanta						
State GA						Zip 30331-6834
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,050.00

\$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 Jane	Date 09/10/2017	Occupation Unknown	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Doe						
Address						
Address2						
City	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Unknown			Description	
State				Zip		
Aff. Comm.						
First Name / Business Name Donna	Date 09/05/2017	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. \$250.00	Est. Value \$0.00	
Last Name Doleman						
Address 5835 Glen Creek Ct						
Address2						
City Ann Arbor	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ann Arbor Spark			Description	
State MI				Zip 48108-9110		
Aff. Comm.						
First Name / Business Name Curlie	Date 08/21/2017	Occupation Executive 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. \$25.00	Est. Value \$0.00	
Last Name Douglas						
Address 4355 Bellwood Cir						
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 Tara's Creed			Description	
State GA				Zip 30349-7004		
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 Von	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 Dubose					
Address 47 Beverly Rd NE					
Address2					
City Atlanta					
State GA					Zip 30309-2645
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DuBose Miller			Description
First Name / Business Name Norrene	Date 09/30/2017	Occupation Small 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. \$1,600.00	Est. Value \$0.00
Last Name Duffy					
Address 4810 Harris Trl					
Address2					
City Atlanta					
State GA					Zip 30327-4412
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Red Bridge Consulting			Description
First Name / Business Name Nicole C.	Date 09/30/2017	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. \$2,600.00	Est. Value \$0.00
Last Name Duncan					
Address 4370 Westover Pl NW					
Address2					
City Washington					
State DC					Zip 20016-5552
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer MedStar			Description

**Itemized Contribution Page Total**

\$4,450.00

\$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 Thomas	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. \$2,600.00	Est. Value \$0.00	
Last Name Duncan						
Address 4370 Westover 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 Trusted Health Plans			Description	
City Washington						
State DC						Zip 20016-5552
Aff. Comm.						
First Name / Business Name Hillary	Date 09/30/2017	Occupation Business 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. \$150.00	Est. Value \$0.00	
Last Name Dunson						
Address 1740 W Sussex 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			Description	
City Atlanta						
State GA						Zip 30306-3013
Aff. Comm.						
First Name / Business Name Hillary	Date 09/30/2017	Occupation Business 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 Dunson						
Address 1740 W Sussex 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			Description	
City Atlanta						
State GA						Zip 30306-3013
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,850.00

\$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 Robin	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. \$250.00	Est. Value \$0.00			
Last Name Dunson								
Address 3126 Heybridge Ln								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Cox Communications			Description	
City Milton								
State GA								Zip 30004-5835
Aff. Comm.								
First Name / Business Name Wendi	Date 09/30/2017	Occupation Information 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. \$10.00	Est. Value \$0.00			
Last Name Duplessis								
Address 706 Wisconsin St								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			Description	
City San Francisco								
State CA								Zip 94107-2736
Aff. Comm.								
First Name / Business Name Kevin RICARLOS	Date 08/07/2017	Occupation Driver	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Durant								
Address 602 Waynes Ct SE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer UPS			Description	
City Atlanta								
State GA								Zip 30354-2498
Aff. Comm.								

**Itemized Contribution Page Total**

\$300.00

\$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 Kevin RICARLOS	Date 09/30/2017	Occupation Driver	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Durant							
Address 602 Waynes Ct SE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer UPS			
City Atlanta							
State GA							Zip 30354-2498
Aff. Comm.							
First Name / Business Name E-Global Transportation & Logistics, LLC	Date 09/30/2017	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. \$100.00	Est. Value \$0.00		
Last Name							
Address 1750 Niskey Lake Trl SW							
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 30331-6322
Aff. Comm.							
First Name / Business Name E-Global Transportation & Logistics, LLC	Date 09/30/2017	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 1750 Niskey Lake Trl SW							
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 30331-6322
Aff. Comm.							

**Itemized Contribution Page Total**

\$1,540.00

\$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.R. Snell Contractor, Inc.	Date 09/30/2017	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 PO Box 306					
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 Snellville					
State GA		Zip 30078-0306			
Aff. Comm.					
First Name / Business Name Eagle Parking, LLC	Date 09/30/2017	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. \$2,000.00	Est. Value \$0.00
Last Name					
Address 3400 Peachtree Rd 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			Description
City Atlanta					
State GA		Zip 30326-1187			
Aff. Comm.					
First Name / Business Name Terri C.	Date 09/27/2017	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 Earls		Information requested			
Address 5544 Tunbridge Wells Rd					
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 Lithonia		Information requested			
State GA		Zip 30058-5600			
Aff. Comm.					

**Itemized Contribution Page Total**

\$4,750.00

\$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 Ebony Son Entertainment	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. \$2,500.00	Est. Value \$0.00			
Last Name								
Address 3545 Marketplace Boulevard								
Address2 Suite 130-318		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City East Point								
State GA								Zip 30344
Aff. Comm.								
First Name / Business Name RODERICK	Date 09/29/2017	Occupation  ATTORNEY/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. \$2,000.00	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.								
First Name / Business Name Ericka	Date 09/25/2017	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. \$60.00	Est. Value \$0.00			
Last Name Edmonds								
Address 993 Jordan Way								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Dental office			Description	
City College Park								
State GA								Zip 30349-1994
Aff. Comm.								

**Itemized Contribution Page Total**

\$4,560.00

\$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 Ericka	Date 09/28/2017	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. \$40.00	Est. Value \$0.00
Last Name Edmonds					
Address 993 Jordan Way					
Address2					
City College Park					
State GA					Zip 30349-1994
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dental office			Description
First Name / Business Name Marsha	Date 09/19/2017	Occupation Distributor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,800.00	Est. Value \$0.00
Last Name Edwards					
Address 3206 Nobility Way SE					
Address2					
City Atlanta					
State GA					Zip 30339-3623
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer MME Enterprises, LLC			Description
First Name / Business Name EGM Services, Inc.	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. \$500.00	Est. Value \$0.00
Last Name					
Address 4251 E Side Dr					
Address2					
City Decatur					
State GA					Zip 30034-2304
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**

\$2,340.00

\$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 EGM Services, Inc.	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 4251 E Side Dr							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			
City Decatur							
State GA							Zip 30034-2304
Aff. Comm.							
First Name / Business Name EGM Services, Inc.	Date 09/30/2017	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. \$300.00	Est. Value \$0.00		
Last Name							
Address 4251 E Side Dr							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			
City Decatur							
State GA							Zip 30034-2304
Aff. Comm.							
First Name / Business Name Dennis	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. \$4,000.00	Est. Value \$0.00		
Last Name Ellis							
Address 8650 Metz Pl							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Paul Hastings			
City Los Angeles							
State CA							Zip 90069-1339
Aff. Comm.							

**Itemized Contribution Page Total**

\$4,800.00

\$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 Dennis	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. -\$1,600.00	Est. Value \$0.00
Last Name Ellis					
Address 8650 Metz Pl					
Address2					
City Los Angeles					
State CA					Zip 90069-1339
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Paul Hastings			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Dennis	Date 09/30/2017	Occupation Attorney	<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. \$1,600.00	Est. Value \$0.00
Last Name Ellis					
Address 8650 Metz Pl					
Address2					
City Los Angeles					
State CA					Zip 90069-1339
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Paul Hastings			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Wael	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. \$1,600.00	Est. Value \$0.00
Last Name Eltabech					
Address 168 Braelinn Ct					
Address2					
City Peachtree City					
State GA					Zip 30269-2140
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer EAT!			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

**Itemized Contribution Page Total**

\$1,600.00

\$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 Alan S. <hr/> Last Name Emmet <hr/> Address 224 Concord Rd <hr/> Address2  <hr/> City Westford <hr/> <div style="display: flex; justify-content: space-between;"> <div>             State MA           </div> <div>             Zip 01886-4205           </div> </div> <hr/> Aff. Comm.	Date 08/20/2017 <hr/> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Information requested <hr/> Employer Information 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. \$100.00 <hr/> <div style="background-color: #cccccc; height: 100px;"></div>	Est. Value \$0.00 <hr/> Description
First Name / Business Name Empire Parking Services, Inc. <hr/> Last Name  <hr/> Address 3400 Peachtree Rd NE <hr/> Address2 Ste 800 <hr/> City Atlanta <hr/> <div style="display: flex; justify-content: space-between;"> <div>             State GA           </div> <div>             Zip 30326-1187           </div> </div> <hr/> Aff. Comm.	Date 09/30/2017 <hr/> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  <hr/> 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. \$2,000.00 <hr/> <div style="background-color: #cccccc; height: 100px;"></div>	Est. Value \$0.00 <hr/> Description
First Name / Business Name Envision Business Management Group <hr/> Last Name  <hr/> Address 3645 Marketplace Blvd <hr/> Address2 Ste 130-318 <hr/> City East Point <hr/> <div style="display: flex; justify-content: space-between;"> <div>             State GA           </div> <div>             Zip 30344-5747           </div> </div> <hr/> Aff. Comm.	Date 09/29/2017 <hr/> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  <hr/> 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. \$2,000.00 <hr/> <div style="background-color: #cccccc; height: 100px;"></div>	Est. Value \$0.00 <hr/> Description

**Itemized Contribution Page Total**

\$4,100.00

\$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 Nathan	Date 09/13/2017	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. \$10.00	Est. Value \$0.00
Last Name Epstein					
Address 202 E Live Oak St					
Address2 Apt E					
City San Gabriel					
State CA					Zip 91776-1417
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Giant Interactive			Description
First Name / Business Name Executive Parking Systems	Date 09/10/2017	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. \$250.00	Est. Value \$0.00
Last Name					
Address 2566 Shallowford Rd NE					
Address2 Ste 104					
City Atlanta					
State GA					Zip 30345-1200
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 LaVonda	Date 07/20/2017	Occupation HR	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Ezell					
Address 10722 Club Chase					
Address2					
City Fishers					
State IN					Zip 46037
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Allegion			Description

Itemized Contribution Page Total

\$360.00

\$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 Dolan	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. \$1,600.00	Est. Value \$0.00
Last Name Falconer					
Address 210 Hamden Trce SW					
Address2					
City Atlanta					
State GA					Zip 30331-8301
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Scan Tech Holdings			Description
First Name / Business Name Kimberly	Date 09/30/2017	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. \$1,600.00	Est. Value \$0.00
Last Name Falconer					
Address 210 Hamden Trce SW					
Address2					
City Atlanta					
State GA					Zip 30331-8301
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 Falconer Group			Description
First Name / Business Name Joel	Date 09/17/2017	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 Feldman					
Address 500 Wilsco Ln					
Address2					
City Marietta					
State GA					Zip 30068-4260
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

**Itemized Contribution Page Total**

\$3,250.00

\$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 Fetch ATL, LLC	Date 09/27/2017	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. \$2,000.00	Est. Value \$0.00	
Last Name					Description	
Address 250 Pharr Rd NE						
Address2 Apt 1617	<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 30305-2280
Aff. Comm.						
First Name / Business Name Patrick J.	Date 09/22/2017	Occupation  Information 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. \$850.00	Est. Value \$0.00	
Last Name Fischer					Description	
Address 360 Spindle Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30350-4124
Aff. Comm.						
First Name / Business Name Stephanie C	Date 09/22/2017	Occupation  Information 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. \$250.00	Est. Value \$0.00	
Last Name Fischer					Description	
Address 360 Spindle Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30350-4124
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,100.00

\$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 Stephanie C	Date 09/22/2017	Occupation Information requested	<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 Fischer					
Address 360 Spindle Ct					
Address2					
City Atlanta					
State GA					Zip 30350-4124
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Adrian	Date 09/30/2017	Occupation System 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. \$50.00	Est. Value \$0.00
Last Name Flint					
Address 6274 Greenock Dr					
Address2					
City Stone Mountain					
State GA					Zip 30087-6093
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 Pacific			Description
First Name / Business Name Reagan	Date 08/13/2017	Occupation 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. \$25.00	Est. Value \$0.00
Last Name Flowers					
Address 3226 Alabama St					
Address2					
City Houston					
State TX					Zip 77004-4604
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ECS			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 Milton	Date 07/14/2017	Occupation Project 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. \$10.00	Est. Value \$0.00	
Last Name Flynt						
Address 5400 S Harper Ave						
Address2 Unit 701					<input checked="" type="checkbox"/> Monetary	Employer Cook County Sheriff's Office
City Chicago					<input type="checkbox"/> Inkind	
State IL					<input type="checkbox"/> Common Source	
Zip 60615-5538					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Milton	Date 09/22/2017	Occupation Project 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. \$10.00	Est. Value \$0.00	
Last Name Flynt						
Address 5400 S Harper Ave						
Address2 Unit 701					<input checked="" type="checkbox"/> Monetary	Employer Cook County Sheriff's Office
City Chicago					<input type="checkbox"/> Inkind	
State IL					<input type="checkbox"/> Common Source	
Zip 60615-5538					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name ERIC	Date 07/04/2017	Occupation Small Investor (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. \$50.00	Est. Value \$0.00	
Last Name FORDE						
Address 3775 Hogan Rd SW						
Address2					<input checked="" type="checkbox"/> Monetary	Employer Self Employed
City Atlanta					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30331-5529					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						

Itemized Contribution Page Total

\$70.00

\$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 ERIC	Date 07/14/2017	Occupation Small Investor (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. \$50.00	Est. Value \$0.00
Last Name FORDE					
Address 3775 Hogan Rd SW					
Address2					
City Atlanta					
State GA				Zip 30331-5529	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Self Employed			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name ERIC	Date 08/15/2017	Occupation Small Investor (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. \$50.00	Est. Value \$0.00
Last Name FORDE					
Address 3775 Hogan Rd SW					
Address2					
City Atlanta					
State GA				Zip 30331-5529	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Self Employed			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name ERIC	Date 08/30/2017	Occupation Small Investor (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. \$50.00	Est. Value \$0.00
Last Name FORDE					
Address 3775 Hogan Rd SW					
Address2					
City Atlanta					
State GA				Zip 30331-5529	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Self Employed			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

**Itemized Contribution Page Total**

\$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.  
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 Gwendolyn	Date 07/02/2017	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. \$22.00	Est. Value \$0.00		
Last Name Fortson Waring							
Address 221 W 31st St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The Waring Firm LLC		Description	
City Savannah							
State GA					Zip 31401-7260		
Aff. Comm.							
First Name / Business Name Gwendolyn	Date 07/29/2017	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. \$50.00	Est. Value \$0.00		
Last Name Fortson Waring							
Address 221 W 31st St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The Waring Firm LLC		Description	
City Savannah							
State GA					Zip 31401-7260		
Aff. Comm.							
First Name / Business Name Vanessa	Date 07/19/2017	Occupation Information 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. \$25.00	Est. Value \$0.00		
Last Name Fossil							
Address 142 Parkstone Way							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested		Description	
City Marietta							
State GA					Zip 30066-4977		
Aff. Comm.							

Itemized Contribution Page Total

\$97.00

\$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 Marcus	Date 07/09/2017	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 Foster					
Address 543 Glenaire Walk SE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dekalb Medical			Description
City Atlanta					
State GA				Zip 30316-2731	
Aff. Comm.					
First Name / Business Name Todd S.	Date 09/30/2017	Occupation Information 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. \$500.00	Est. Value \$0.00
Last Name Fox					
Address 4709 Saddletop Ridge Ln					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
City Mason					
State OH				Zip 45040-3851	
Aff. Comm.					
First Name / Business Name Robert	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. \$1,250.00	Est. Value \$0.00
Last Name Frazer					
Address 8069 Ridge Vly					
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 Woodstock					
State GA				Zip 30189-7048	
Aff. Comm.					

**Itemized Contribution Page Total**

\$2,000.00

\$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 Angela D.	Date 09/29/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00
Last Name Freeman					
Address 3556 Calumet Rd					
Address2					
City Decatur					
State GA					Zip 30034-2137
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Information requested			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Donald W.	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. \$1,500.00	Est. Value \$0.00
Last Name Frieson					
Address 2279 Falmouth Court SE					
Address2					
City					
State					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name FS 360, LLC	Date 09/30/2017	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 7000 Peachtree Dunwoody Rd					
Address2 Bldg 11 Suite 201					
City Sandy Springs					
State GA					Zip 30328-1655
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

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 Monica	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. \$10.00	Est. Value \$0.00
Last Name Fuentes					
Address 2001 12th St NW					
Address2 Apt 311					
City Washington					
State DC					Zip 20009-4580
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Welcoming America			Description
First Name / Business Name India A.	Date 09/25/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00
Last Name Gaines					
Address 11250 Asphodel Dr					
Address2					
City New Orleans					
State LA					Zip 70128-3421
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Shelley	Date 09/30/2017	Occupation IT 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. \$25.00	Est. Value \$0.00
Last Name Garama					
Address 3245 Millwood Trl SE					
Address2					
City Smyrna					
State GA					Zip 30080-1601
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 Home Depot			Description

**Itemized Contribution Page Total**

\$2,635.00

\$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 Hannah	Date 09/30/2017	Occupation Sales account 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. \$10.00	Est. Value \$0.00	
Last Name Garland						
Address 2390 Salem 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 Terminus Tees			Description	
City Marietta						
State GA						Zip 30062-1653
Aff. Comm.						
First Name / Business Name Jenna	Date 09/30/2017	Occupation Press Secretary	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Garland						
Address 1513 McPherson 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 City of Atlanta			Description	
City Atlanta						
State GA						Zip 30316-1757
Aff. Comm.						
First Name / Business Name Garner Road Properties LLC	Date 09/22/2017	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	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description	
City College Park						
State GA						Zip 30349-5979
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,585.00

\$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 Karnardo	Date 09/30/2017	Occupation Business Person	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Garnett								
Address 2002 W Cleveland St								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Legacy Concessions			Description	
City Tampa								
State FL								Zip 33606-1881
Aff. Comm.								
First Name / Business Name Leticia A.	Date 09/30/2017	Occupation Information 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. \$50.00	Est. Value \$0.00			
Last Name Garrick								
Address 1501 Hawkstone Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			Description	
City Waxhaw								
State NC								Zip 28173-7453
Aff. Comm.								
First Name / Business Name Gerry B.	Date 09/30/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00			
Last Name Garvin								
Address 4612 Pine St SE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			Description	
City Smyrna								
State GA								Zip 30080-6920
Aff. Comm.								

**Itemized Contribution Page Total**

\$4,550.00

\$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 Gerry B.	Date 09/30/2017	Occupation Information 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. \$100.00	Est. Value \$0.00
Last Name Garvin					
Address 4612 Pine St SE					
Address2					
City Smyrna					
State GA					Zip 30080-6920
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Gerry B.	Date 09/30/2017	Occupation Information requested	<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 Garvin					
Address 4612 Pine St SE					
Address2					
City Smyrna					
State GA					Zip 30080-6920
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Shawnalea	Date 09/20/2017	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 Garvin					
Address 9983 Devonshire St					
Address2					
City Douglasville					
State GA					Zip 30135-3174
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Airport Employment and Training Center			Description

Itemized Contribution Page Total

\$2,000.00

\$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 Frances C.	Date 08/14/2017	Occupation Information 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. \$100.00	Est. Value \$0.00
Last Name Gaskin					
Address 298 State St					
Address2					
City Albany					
State NY					Zip 12210-2033
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			
First Name / Business Name Tracie	Date 09/10/2017	Occupation Information 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. \$100.00	Est. Value \$0.00
Last Name Gay					
Address 1420 Shelnut Ct					
Address2					
City Hampton					
State GA					Zip 30228-5942
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			
First Name / Business Name Gina	Date 09/28/2017	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 Geiger					
Address 2380 B E Mays Dr SW					
Address2 Ste A					
City Atlanta					
State GA					Zip 30311-3200
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Plus One Dental			

**Itemized Contribution Page Total**

\$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 G. Anthony	Date 09/25/2017	Occupation Counsel	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Gelderman III					
Address 2727 Prytania St					
Address2 Ste 14					
City New Orleans					
State LA					Zip 70130-5971
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bernstein Litowitz Berger and Grossmann LLP			Description
First Name / Business Name DAVID K	Date 07/08/2017	Occupation Judge	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 GETACHEW-SMITH					
Address 590 Regency Park Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-2072
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 Lizan and Bob	Date 09/27/2017	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. \$250.00	Est. Value \$0.00
Last Name Gilbert					
Address 4212 Bellvue Ave					
Address2					
City Austin					
State TX					Zip 78756-3415
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Guy F. Atkinson			Description

**Itemized Contribution Page Total**

\$1,850.00

\$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 Linda	Date 09/13/2017	Occupation Administrative Hearing 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	Cash Amt. \$200.00	Est. Value \$0.00	
Last Name Glass					Description	
Address 10125 Deep Creek Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ga Dept of Labor- RETIRED	2017			
City Union City						
State GA						Zip 30291-6014
Aff. Comm.						
First Name / Business Name Brian	Date 09/28/2017	Occupation Fundraising 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	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Goldmeier					Description	
Address 951 Brickell Ave						
Address2 Apt 410	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer N/A	2017			
City Miami						
State FL						Zip 33131-3932
Aff. Comm.						
First Name / Business Name AVa	Date 09/29/2017	Occupation 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	Cash Amt. \$2,000.00	Est. Value \$0.00	
Last Name Goldson					Description	
Address 8960 Cynthia St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer HBO	2017			
City Los Angeles						
State CA						Zip 90069-4440
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,700.00

\$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 Nathaniel R	Date 08/01/2017	Occupation Chairman and 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. \$2,000.00	Est. Value \$0.00
Last Name Goldston IV					
Address 552 Moores Mill Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1013
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Gourmet Services Inc.			
First Name / Business Name Kevin	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. \$100.00	Est. Value \$0.00
Last Name Gooch					
Address 1889 Shoal Creek Blvd					
Address2					
City Decatur					
State GA					Zip 30032-4528
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DLA Piper LLP (US)			
First Name / Business Name Goode Van Slyke Architecture LLC	Date 09/28/2017	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 409 John Wesley Dobbs Ave NE					
Address2					
City Atlanta					
State GA					Zip 30312-5333
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			

**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 Dewey	Date 09/30/2017	Occupation Regional 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. \$2,500.00	Est. Value \$0.00			
Last Name Grantham								
Address 1109 Eagles Brooke Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Liberty Tire Recycling, LLC			Description	
City Locust Grove								
State GA								Zip 30248-2485
Aff. Comm.								
First Name / Business Name Omar U.	Date 09/30/2017	Occupation Information 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 Green								
Address 4502 Parkview Sq								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			Description	
City Atlanta								
State GA								Zip 30349-9408
Aff. Comm.								
First Name / Business Name Ernest L.	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. \$250.00	Est. Value \$0.00			
Last Name Greer								
Address 1480 W Wesley 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 Greenberg Traurig			Description	
City Atlanta								
State GA								Zip 30327-1845
Aff. Comm.								

**Itemized Contribution Page Total**

\$3,750.00

\$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 Patrice B.	Date 09/01/2017	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. \$500.00	Est. Value \$0.00
Last Name Greer					
Address 1480 W Wesley Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-1845
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Creative Concourse Concepts, LLC			Description
First Name / Business Name Dane	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. \$5,000.00	Est. Value \$0.00
Last Name Grey					
Address 76 S Laura St					
Address2 1702					
City Jacksonville					
State FL					Zip 32202-3433
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Elite Parking Services of America			Description
First Name / Business Name Melvin J.	Date 09/29/2017	Occupation Information 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. \$150.00	Est. Value \$0.00
Last Name Griffin					
Address 3651 Walnut Creek Way					
Address2					
City Lithonia					
State GA					Zip 30038-4866
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$5,650.00

\$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 Tracy	Date 09/22/2017	Occupation Information 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. \$2,700.00	Est. Value \$0.00	
Last Name Guillaume					Description	
Address 3600 Woodlark 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 Information requested				
City Roswell						
State GA						Zip 30075-2668
Aff. Comm.						
First Name / Business Name Beverly	Date 09/29/2017	Occupation College 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. \$500.00	Est. Value \$0.00	
Last Name Guy sheftall					Description	
Address 719 Myrtle 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 Spelman college				
City Atlanta						
State GA						Zip 30308-1418
Aff. Comm.						
First Name / Business Name H&H Hospitality, Inc.	Date 09/20/2017	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					Description	
Address 951 Glenwood Ave SE						
Address2 Apt 2701	<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 30316-6802
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,700.00

\$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 Jo Ann	Date 09/14/2017	Occupation 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. \$150.00	Est. Value \$0.00	
Last Name Haden-Miller					Description	
Address 24 28th St 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 Convention & Visitors Bureau				
City Atlanta						
State GA						Zip 30309-1806
Aff. Comm.						
First Name / Business Name Samuel	Date 09/25/2017	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 Hagley					Description	
Address 883 Saints Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Carter				
City Marietta						
State GA						Zip 30068-4705
Aff. Comm.						
First Name / Business Name Tanya N	Date 09/10/2017	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. \$100.00	Est. Value \$0.00	
Last Name Hairston-Whitner					Description	
Address 1371 Audubon Ct SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Concessions International				
City Atlanta						
State GA						Zip 30311-2471
Aff. Comm.						

**Itemized Contribution Page Total**

\$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 Tanya N	Date 09/10/2017	Occupation  Attorney	<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 Hairston-Whitner							
Address 1371 Audubon Ct SW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Concessions International	<input type="checkbox"/> Run-Off Special Primary	Description	
City Atlanta							
State GA							Zip 30311-2471
Aff. Comm.							
First Name / Business Name Melissa S.	Date 09/30/2017	Occupation  Information 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. \$2,600.00	Est. Value \$0.00		
Last Name Haley							
Address 2812 Castiglione St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested	<input type="checkbox"/> Run-Off Special Primary	Description	
City New Orleans							
State LA							Zip 70119-2114
Aff. Comm.							
First Name / Business Name Tanya M.	Date 09/30/2017	Occupation  Information 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. \$1,800.00	Est. Value \$0.00		
Last Name Hamilton							
Address 1608 Drew 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 Information requested	<input type="checkbox"/> Run-Off Special Primary	Description	
City Atlanta							
State GA							Zip 30318-4100
Aff. Comm.							

**Itemized Contribution Page Total**

\$5,800.00

\$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 Lynn	Date 09/30/2017	Occupation 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. \$100.00	Est. Value \$0.00
Last Name Hampton					
Address 3462 Lantern View Ln					
Address2					
City Scottdale					
State GA					Zip 30079-6814
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AHS			
First Name / Business Name Sarah	Date 09/22/2017	Occupation Information 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. \$1,500.00	Est. Value \$0.00
Last Name Hargreaves Shields					
Address					
Address2					
City Atlanta					
State GA					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			
First Name / Business Name Waymon	Date 09/25/2017	Occupation Information 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. \$25.00	Est. Value \$0.00
Last Name Harley					
Address 270 Redding Rdg					
Address2					
City Atlanta					
State GA					Zip 30349-8027
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			

**Itemized Contribution Page Total**

\$1,625.00

\$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 Terrance D	Date 07/19/2017	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. \$2,600.00	Est. Value \$0.00	
Last Name Harps					Description	
Address 140 Dink Scott Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Martin, Harps & Syphoe				
City Ellenwood						
State GA						Zip 30294-3172
Aff. Comm.						
First Name / Business Name Chery	Date 09/30/2017	Occupation Supply Chain 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 Harris					Description	
Address 4136 3 Lakes Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Allstate Insurance Company				
City Long Grove						
State IL						Zip 60047-5099
Aff. Comm.						
First Name / Business Name Clifford	Date 09/29/2017	Occupation entertainer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Harris					Description	
Address 485 Center Hill 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 30318-6230
Aff. Comm.						

**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 Peter	Date 09/30/2017	Occupation Police	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Harris					
Address 7416 Petal Pl					
Address2					
City Fairburn					
State GA					Zip 30213-4315
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 Police			Description
First Name / Business Name Richard J	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. \$100.00	Est. Value \$0.00
Last Name Harris					
Address 2767 Peachtree Rd NE					
Address2 Apt 10					
City Atlanta					
State GA					Zip 30305-2943
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 Nadir	Date 09/25/2017	Occupation Information 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. \$25.00	Est. Value \$0.00
Last Name Hasan					
Address 3921 Panama Ct					
Address2					
City New Orleans					
State LA					Zip 70125-2724
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$175.00

\$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 Victor L.	Date 07/07/2017	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 Haydel					
Address 3441 Rugby Cir					
Address2					
City College Park					
State GA					Zip 30337-1629
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer 755 Restaurant Corporation			Description
First Name / Business Name Dwayne	Date 09/30/2017	Occupation Hospitality	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Heard					
Address 100 Peachtree St NW					
Address2 Ste 1900					
City Atlanta					
State GA					Zip 30303-1924
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ATL Concession Partners			Description
First Name / Business Name Jordan	Date 09/30/2017	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. \$25.00	Est. Value \$0.00
Last Name Heard					
Address 310 Marla Cir					
Address2					
City Riverdale					
State GA					Zip 30296-7211
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer MCA			Description

**Itemized Contribution Page Total**

\$2,025.00

\$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 Taylor	Date 09/30/2017	Occupation Administrative Assistant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00
Last Name Heard					
Address 310 Marla Cir					
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			Description
City Riverdale					
State GA				Zip 30296-7211	
Aff. Comm.					
First Name / Business Name Trenton	Date 09/30/2017	Occupation Personal trainer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00
Last Name Heard					
Address 3725 Princeton Lakes Pkwy SW					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Trent Training LLC			Description
City Atlanta					
State GA				Zip 30331-5532	
Aff. Comm.					
First Name / Business Name Shonda	Date 09/09/2017	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 Heath					
Address 210 Peachtree Circe NE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer n/a			Description
City Atlanta					
State GA				Zip 30309	
Aff. Comm.					

**Itemized Contribution Page Total**

\$260.00

\$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 Herbert	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. \$300.00	Est. Value \$0.00
Last Name Henderson					
Address 304 E 18th St					
Address2					
City Chicago					
State IL					Zip 60616-1539
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer blueprint foods			
First Name / Business Name C. D.	Date 09/23/2017	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. \$25.00	Est. Value \$0.00
Last Name Hendricks					
Address 3343 Harrison Rd					
Address2					
City Atlanta					
State GA					Zip 30344-5025
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer One10 North Productions			
First Name / Business Name John	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. \$500.00	Est. Value \$0.00
Last Name Henry					
Address 145 W 136th St					
Address2					
City New York					
State NY					Zip 10030-2795
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Consortium			

**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 Marvin K.	Date 09/22/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00
Last Name Hewatt					
Address PO Box 1565					
Address2 760 Briscoe Boulevard					
City Lawrenceville					
State GA					Zip 30046-1565
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Barbara N	Date 09/10/2017	Occupation Information 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. \$70.00	Est. Value \$0.00
Last Name Hicks					
Address 3332 York Pl					
Address2					
City Decatur					
State GA					Zip 30032-6849
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Christopher	Date 09/29/2017	Occupation Producer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$2,700.00	Est. Value \$0.00
Last Name Hicks					
Address 4278 Paces Ferry Rd SE					
Address2					
City Atlanta					
State GA					Zip 30339-3782
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Noontime LLC			Description

**Itemized Contribution Page Total**

\$5,370.00

\$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 Nancy	Date 09/20/2017	Occupation Information 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 Hill Cooke					Description	
Address 2135 High Point Trl SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30331-7930
Aff. Comm.						
First Name / Business Name Artis	Date 09/29/2017	Occupation Information 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. \$100.00	Est. Value \$0.00	
Last Name Hill					Description	
Address 1024 Veltre Cir SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30311-3126
Aff. Comm.						
First Name / Business Name Virginia	Date 09/30/2017	Occupation Information 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. \$2,400.00	Est. Value \$0.00	
Last Name Hodges					Description	
Address 116 Arthur J Moore Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Saint Simons Island						
State GA						Zip 31522-2238
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,500.00

\$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 William F.	Date 09/30/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00
Last Name Hodges					
Address 116 Arthur J Moore Dr					
Address2					
City Saint Simons Island					
State GA					Zip 31522-2238
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Ali	Date 09/29/2017	Occupation V.P of operation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,600.00	Est. Value \$0.00
Last Name Hojeij					
Address 37 Eisentown Dr					
Address2					
City Lovettsville					
State VA					Zip 20180-8545
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer HBF			Description
First Name / Business Name Carol K	Date 09/18/2017	Occupation Co-Founder	<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 Hojeij					
Address 305 Westbourne Dr					
Address2					
City Tyrone					
State GA					Zip 30290-1645
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hojeij Branded Foods			Description

**Itemized Contribution Page Total**

\$5,600.00

\$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 Lana	Date 09/18/2017	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. \$1,200.00	Est. Value \$0.00			
Last Name Hojeij								
Address 305 Westbourne Dr								
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 Tyrone								
State GA								Zip 30290-1645
Aff. Comm.								
First Name / Business Name Lana	Date 09/18/2017	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. \$200.00	Est. Value \$0.00			
Last Name Hojeij								
Address 305 Westbourne Dr								
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 Tyrone								
State GA								Zip 30290-1645
Aff. Comm.								
First Name / Business Name WASSIM H	Date 09/18/2017	Occupation Co-Founder	<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 HOJEIJ								
Address 305 Westbourne Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Hojeij Food Brands			Description	
City Tyrone								
State GA								Zip 30290-1645
Aff. Comm.								

**Itemized Contribution Page Total**

\$2,800.00

\$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 Kevin	Date 09/30/2017	Occupation Food & Beverage	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Holt						
Address 525 Glen Iris 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 H&H Hospitality			Description	
City Atlanta						
State GA						Zip 30308-2963
Aff. Comm.						
First Name / Business Name Alexander	Date 09/29/2017	Occupation Supermarket 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. \$2,000.00	Est. Value \$0.00	
Last Name Houjaij						
Address 505 W Bourne Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DFS			Description	
City Tyrone						
State GA						Zip 30290-1649
Aff. Comm.						
First Name / Business Name Petrina	Date 09/19/2017	Occupation School Counselor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Howard						
Address 1280 Regency Center Dr SW						
Address2	<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	
City Atlanta						
State GA						Zip 30331-2081
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,600.00

\$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 Jeanie M.	Date 09/21/2017	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. \$500.00	Est. Value \$0.00		
Last Name Hunter					Description		
Address 996 Washita Ave NE							
Address2							
City Atlanta							
State GA							
Zip 30307-1463					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Synergy Development Partners	
Aff. Comm.							
First Name / Business Name Nykita	Date 09/30/2017	Occupation DBE 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. \$10.00			Est. Value \$0.00
Last Name Hurt							Description
Address 2769 Bench Cir							
Address2							
City Ellenwood							
State GA							
Zip 30294-5510					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer North Perimeter Contractor	
Aff. Comm.							
First Name / Business Name Melanie	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. \$2,600.00			Est. Value \$0.00
Last Name Hutchinson							Description
Address 1705 Highway 138 SE							
Address2 Unit 81488							
City Conyers							
State GA							
Zip 30013-0143					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed	
Aff. Comm.							

**Itemized Contribution Page Total**

\$3,110.00

\$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 Innovative Learning Center, 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. \$1,000.00	Est. Value \$0.00
Last Name					Description
Address 1075 Peachtree St NE					
Address2 Ste 3650					
City Atlanta					
State GA					
Zip 30309-3934					<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 Innovative Women's Healthcare Solutions					
Last Name					
Address 3903 S Cobb Dr SE					
Address2 Ste 105					
City Smyrna					
State GA	<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"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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
Zip 30080-6370					
Aff. Comm.					
First Name / Business Name Anthony					
Last Name Inya-Agha					
Address 2960 Queens Ct					
Address2					
City Norcross	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Benchmark Management	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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
State GA					
Zip 30071-2059					
Aff. Comm.					

**Itemized Contribution Page Total**

\$5,200.00

\$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 Alicia	Date 09/20/2017	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 Ivey					
Address					
Address2					
City					
State					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Goldbergs Concessions			Description
First Name / Business Name Alicia	Date 09/20/2017	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 Ivey					
Address					
Address2					
City					
State					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Goldbergs Concessions			Description
First Name / Business Name Carla	Date 09/01/2017	Occupation Professional Counselor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Jackson					
Address 720 Laura Ct					
Address2					
City McDonough					
State GA					Zip 30252-8502
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Carla D Jackson LPC			Description

Itemized Contribution Page Total

\$2,100.00

\$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 Daphne	Date 09/19/2017	Occupation Lobbyist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Jackson						
Address 100 Peachtree St NW						
Address2 Ste 1900	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GovLink, Inc			Description	
City Atlanta						
State GA						Zip 30303-1924
Aff. Comm.						
First Name / Business Name Dasha	Date 09/21/2017	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. \$10.00	Est. Value \$0.00	
Last Name Jackson						
Address 400 Pryor						
Address2 Unit 50038	<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 30302-1064
Aff. Comm.						
First Name / Business Name Dasha	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. \$10.00	Est. Value \$0.00	
Last Name Jackson						
Address 400 Pryor						
Address2 Unit 50038	<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 30302-1064
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,520.00

\$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 Rosalind W	Date 07/08/2017	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 Jackson					
Address 555 Regency Park Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-2070
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GE			Description
First Name / Business Name Rosalind	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. \$20.00	Est. Value \$0.00
Last Name Jackson					
Address 7202 Fairington Ridge Cir					
Address2					
City Lithonia					
State GA					Zip 30038-5609
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 Sharena	Date 09/30/2017	Occupation IT Analyst	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 James					
Address 2449 Acton Park Cir					
Address2					
City Birmingham					
State AL					Zip 35243-2553
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Southern Company			Description

Itemized Contribution Page Total

\$80.00

\$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 09/10/2017	Occupation Marketing 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 James-Davis					Description	
Address PO Box 1031						
Address2						
City Decatur						
State GA						
Zip 30031-1031					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Sun Trust
Aff. Comm.						
City Atlanta						
State GA						
Zip 30329-3500						
Aff. Comm.						
City Atlanta						
State GA	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Polish Dental Center	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Jeter						Description
Address 330 Prestmoor PlaceAtlanta, GA 30331						
Address2						
City						
State GA						
Zip						<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
Aff. Comm.						
City						
State GA						
Zip						
Aff. Comm.						
City						

**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 Andrea R	Date 07/23/2017	Occupation Event 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. \$22.00	Est. Value \$0.00	
Last Name Johnson					Description	
Address 168 Mariners Creek Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dazzle (Events) By Andrea, LLC				
City Lexington						
State SC						Zip 29072-7251
Aff. Comm.						
First Name / Business Name Artis	Date 09/28/2017	Occupation Construction	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$700.00	Est. Value \$0.00	
Last Name Johnson					Description	
Address 205 Jupiter Hills Pt						
Address2 Pointe	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Johnson Construction Services				
City Johns Creek						
State GA						Zip 30097-2070
Aff. Comm.						
First Name / Business Name Ellery	Date 09/18/2017	Occupation Phlebotomist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Johnson					Description	
Address 3743 Evergreen Pkwy						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Talecris				
City Flint						
State MI						Zip 48503-4565
Aff. Comm.						

**Itemized Contribution Page Total**

\$732.00

\$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 HENRY	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. \$500.00	Est. Value \$0.00
Last Name JOHNSON					
Address 191 Ralph David Abernathy Blvd SW					
Address2					
City Atlanta					
State GA					Zip 30312-2745
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 Synedra	Date 09/28/2017	Occupation Computer anaylst	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Johnson					
Address 300 Regency Crest Ct SW					
Address2 Atlanta GA30331					
City Atlanta					
State GA					Zip 30331-2061
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Synedra Smith Inc			
First Name / Business Name Darrell	Date 09/30/2017	Occupation account 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. \$100.00	Est. Value \$0.00
Last Name Jones					
Address 1020 Forest Overlook Trl SW					
Address2					
City Atlanta					
State GA					Zip 30331-8331
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer arcelormittal USA			

**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 Donna M.	Date 09/30/2017	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. \$1,000.00	Est. Value \$0.00	
Last Name Jones						
Address 586 Fraser St SE						
Address2						
City Atlanta						
State GA				Zip 30312-2852		
Aff. Comm.				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description	
First Name / Business Name Jerry D.	Date 09/30/2017	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. \$1,500.00		Est. Value \$0.00
Last Name Jones						
Address 1041 Grande View Pass						
Address2						
City Maylene						
State AL				Zip 35114-4006		
Aff. Comm.				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description	
First Name / Business Name Keisha	Date 09/07/2017	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. \$250.00		Est. Value \$0.00
Last Name Jones						
Address 4538 Stratford Dr						
Address2						
City Douglasville						
State GA				Zip 30135-6157		
Aff. Comm.				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description	

**Itemized Contribution Page Total**

\$2,750.00

\$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 Latrecia	Date 09/30/2017	Occupation Account 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. \$10.00	Est. Value \$0.00
Last Name Jordan					
Address					
Address2					
City					
State					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Biomarin			Description
First Name / Business Name Joseph D. Young PC	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. \$2,600.00	Est. Value \$0.00
Last Name					
Address 1266 W Paces Ferry Rd NW					
Address2 # 167					
City Atlanta					
State					Zip
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 Joseph D. Young PC	Date 09/29/2017	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 1266 W Paces Ferry Rd NW					
Address2 # 167					
City Atlanta					
State					Zip
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

\$4,010.00

\$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 Kemberly	Date 09/30/2017	Occupation Doystar	<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 Joseph					
Address 2970 Jan Dr					
Address2					
City Douglasville					
State GA					Zip 30135-4412
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 Robert	Date 09/30/2017	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. \$1,400.00	Est. Value \$0.00
Last Name Joseph					
Address 2970 Jan Dr					
Address2					
City Douglasville					
State GA					Zip 30135-4412
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dostyar USA			Description
First Name / Business Name Jane	Date 08/30/2017	Occupation Information 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. \$20.00	Est. Value \$0.00
Last Name Kahan					
Address PO Box 524					
Address2					
City Oak Bluffs					
State MA					Zip 02557-0524
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$2,820.00

\$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 Keith	Date 09/30/2017	Occupation Chef	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Kash						
Address 3720 Ansley Park 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 Suwanee						
State GA						Zip 30024-6434
Aff. Comm.						
First Name / Business Name Katoot Family Contributions, LLC	Date 09/30/2017	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 6685 Peachtree Industrial Blvd						
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 Doraville						
State GA						Zip 30360-2116
Aff. Comm.						
First Name / Business Name Dale	Date 09/30/2017	Occupation In School	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00	
Last Name Kennedy						
Address 2030 Chestnut Hill Cir						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer In School			Description	
City Decatur						
State GA						Zip 30032-6111
Aff. Comm.						

**Itemized Contribution Page Total**

\$755.00

\$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 Vivienne	Date 08/04/2017	Occupation Admin Assistant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Kerr					
Address 2562 Capella Cir SW					
Address2					
City Atlanta					
State GA					Zip 30331-3873
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-Fulton Co. Rec. Auth.			Description
First Name / Business Name Jonathan	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 Kester					
Address 3399 Peachtree Rd NE					
Address2 Ste 400					
City Atlanta					
State GA					Zip 30326-2825
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Jonathan Mitchell Kester Law Firm LLC			Description
First Name / Business Name Boutros	Date 09/30/2017	Occupation Vice President 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. \$1,600.00	Est. Value \$0.00
Last Name Khalil					
Address 526 Merrill Ln					
Address2					
City Peachtree City					
State GA					Zip 30269-5613
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer HBF			Description

**Itemized Contribution Page Total**

\$1,950.00

\$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 Aziz	Date 07/04/2017	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. \$50.00	Est. Value \$0.00
Last Name Khatib					
Address 3897 King Arthur Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-4905
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 Board of Health			Description
First Name / Business Name Elijah	Date 09/30/2017	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. \$50.00	Est. Value \$0.00
Last Name Khatib					
Address 3897 King Arthur Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-4905
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
First Name / Business Name Kellyn	Date 09/30/2017	Occupation Information 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. \$250.00	Est. Value \$0.00
Last Name Kidwell					
Address 209 Arbor Creek Dr					
Address2					
City Dallas					
State GA					Zip 30157-5568
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

Itemized Contribution Page Total

\$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 King Trinity Property, LLC	Date 09/20/2017	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 1391 Lanier Mnr 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 Brookhaven								
State GA								Zip 30319-5502
Aff. Comm.								
First Name / Business Name Bernard	Date 07/10/2017	Occupation  Chairman and CEO of DFASS Group	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Klepach								
Address 555 NE 185th St								
Address2 Ste 101		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer DFASS Group		Description		
City Miami								
State FL							Zip 33179-4519	
Aff. Comm.								
First Name / Business Name Natalie	Date 09/29/2017	Occupation  Director, Government Relations	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer CH2M		Description		
City Atlanta								
State GA							Zip 30349-1620	
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 Ladders Engineering LLC	Date 09/30/2017	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							
Address 2028 Jones 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			
City Atlanta							
State GA							Zip 30318-5910
Aff. Comm.							
First Name / Business Name Gary WYATT	Date 08/15/2017	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. \$10.00	Est. Value \$0.00		
Last Name Langley							
Address 1107 Lanier Blvd 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			
City Atlanta							
State GA							Zip 30306-3548
Aff. Comm.							
First Name / Business Name Gary WYATT	Date 09/28/2017	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. \$10.00	Est. Value \$0.00		
Last Name Langley							
Address 1107 Lanier Blvd 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			
City Atlanta							
State GA							Zip 30306-3548
Aff. Comm.							

**Itemized Contribution Page Total**

\$1,020.00

\$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 Lao & Associates, PC  Last Name  Address 2700 N Berkeley Lake Rd NW  Address2 Ste 210  City Duluth  State GA      Zip 30096-1752  Aff. Comm.	Date 09/22/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation  Employer  2017	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1,000.00	Est. Value \$0.00  Description
First Name / Business Name Tameeka  Last Name Law Walker  Address 5026 Colchester Ct SE  Address2  City Atlanta  State GA      Zip 30339-1992  Aff. Comm.	Date 09/03/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation physician  Employer Georgia Perinatal Consultants  2017	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250.00	Est. Value \$0.00  Description
First Name / Business Name S. O.  Last Name Lawal  Address 11240 Amy Frances Ln  Address2  City Alpharetta  State GA      Zip 30022-6668  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 Information Requested  Employer Information Requested  2017	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1,000.00	Est. Value \$0.00  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 Lawrence & Bundy, LLC  Last Name  Address 1180 W Peachtree St NW  Address2 # 1650  City Atlanta  State GA      Zip 30309-3407  Aff. Comm.	Date 09/16/2017  <input type="checkbox"/> Monetary <input checked="" 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. \$0.00	Est. Value \$2,600.00   Description Venue rental
First Name / Business Name Jeff  Last Name Lawrence  Address 100 Millsford Ct  Address2  City Tyrone  State GA      Zip 30290-1554  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 Commercial Real Estate Lender  Employer Walker & Dunlop, 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. \$250.00	Est. Value \$0.00   Description
First Name / Business Name LDV AC Buckhead LLC  Last Name  Address 130 W 25th St  Address2 Fl 7  City New York  State NY      Zip 10001-7406  Aff. Comm.	Date 09/22/2017  <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**

\$2,850.00

\$2,600.00

# 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 Kevin	Date 09/29/2017	Occupation Chief Operating 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 Lee						
Address 541 10th St NW						
Address2 Ste 365	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Quality Control Music			Description	
City Atlanta						
State GA						Zip 30318-5713
Aff. Comm.						
First Name / Business Name Anita	Date 08/31/2017	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. \$100.00	Est. Value \$0.00	
Last Name Leopold						
Address 2854 N Hills Dr NE						
Address2 2854 N HILLS DR NE	<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 30305-3210
Aff. Comm.						
First Name / Business Name Anita	Date 09/21/2017	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. \$150.00	Est. Value \$0.00	
Last Name Leopold						
Address 2854 N Hills Dr NE						
Address2 2854 N HILLS DR NE	<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 30305-3210
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,850.00

\$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 Lewis Contracting Services, LLC	Date 09/27/2017	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. \$2,400.00	Est. Value \$0.00	
Last Name					Description	
Address 457 Flat Shoals Ave SE						
Address2 Ste 2						
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
State GA						Zip 30316-1962
Aff. Comm.						
First Name / Business Name Felicia	Date 09/30/2017	Occupation School Counselor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$20.00	Est. Value \$0.00	
Last Name Lewis					Description	
Address						
Address2						
City	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fulton County				
State						Zip
Aff. Comm.						
First Name / Business Name Marva	Date 09/01/2017	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. \$1,075.00	Est. Value \$0.00	
Last Name Lewis					Description	
Address 540 New Haven Ct SW						
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 MCL & Co				
State GA						Zip 30331-9012
Aff. Comm.						

**Itemized Contribution Page Total**

\$3,495.00

\$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 Pascal	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. \$250.00	Est. Value \$0.00	
Last Name Lewis						
Address 540 New Haven Ct SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Delta Air Lines			Description	
City Atlanta						
State GA						Zip 30331-9012
Aff. Comm.						
First Name / Business Name Virginia	Date 08/19/2017	Occupation Retired 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. \$50.00	Est. Value \$0.00	
Last Name Lewis						
Address 2588 Lisa Dr SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta Board of Education			Description	
City Atlanta						
State GA						Zip 30311-2150
Aff. Comm.						
First Name / Business Name Linkscape360, LLC	Date 09/10/2017	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 1752 Bertram Ln SW						
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 Marietta						
State GA						Zip 30008-4138
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 Lioni Mozzarella & Specialty Foods	Date 09/22/2017	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					Description							
Address 555 Lehigh Ave												
Address2												
City Union												
State NJ												
Zip 07083-7976					<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"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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			
Aff. Comm.	Description											
First Name / Business Name Dionne		Date 07/26/2017	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. \$100.00	Est. Value \$0.00	
Last Name Louis												Description
Address 3410 Alexander Rd NE												
Address2 Unit 553												
City Atlanta												
State GA												
Zip 30326-4254	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				Employer The Southeast Permanente Medical Group, 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. \$2,600.00	Est. Value \$0.00				
Aff. Comm.		Description										
First Name / Business Name Faizon			Date 09/30/2017	Occupation MODEL					<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Love												Description
Address 170 W Dayton St												
Address2 1025												
City Pasadena												
State CA												
Zip 91105-4541	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GUCCI			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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					
Aff. Comm.			Description									

**Itemized Contribution Page Total**

\$5,300.00

\$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 Glenda FAYE	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. \$10.00	Est. Value \$0.00
Last Name Mack					
Address 2024 Beecher Rd SW					
Address2					
City Atlanta					
State GA					Zip 30311-2608
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
First Name / Business Name Glenda FAYE	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. \$10.00	Est. Value \$0.00
Last Name Mack					
Address 2024 Beecher Rd SW					
Address2					
City Atlanta					
State GA					Zip 30311-2608
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
First Name / Business Name Eric	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 Magwood					
Address 217 P St NW					
Address2					
City Washington					
State DC					Zip 20001-1927
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer EM Holdings LLC			Description

Itemized Contribution Page Total

\$270.00

\$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 Mahalo Marketing Inc	Date 09/27/2017	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					Description	
Address 250 Spring St NW						
Address2 Ste 8W351						
City Atlanta	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
State GA						Zip 30303-6174
Aff. Comm.						
First Name / Business Name Jesse	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 Manzano					Description	
Address PO Box 348068						
Address2						
City Coral Gables	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Tridente Strategies				
State FL						Zip 33234-8068
Aff. Comm.						
First Name / Business Name Bryant	Date 09/04/2017	Occupation Professor/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. \$100.00	Est. Value \$0.00	
Last Name Marks					Description	
Address 4840 Guilford Forest Dr SW						
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 MOREHOUSE COLLEGE				
State GA						Zip 30331-8374
Aff. Comm.						

**Itemized Contribution Page Total**

\$1,100.00

\$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 Jeffrey A.	Date 09/30/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00
Last Name Martin					
Address 3979 Pinehill PI NW					
Address2					
City Atlanta					
State GA					Zip 30342-4013
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Mitchell A.	Date 07/19/2017	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. \$2,600.00	Est. Value \$0.00
Last Name Martin					
Address 2746 Dodson Lee Dr					
Address2					
City East Point					
State GA					Zip 30344-3960
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Martin, Harps & Syphoe			Description
First Name / Business Name Master ConcessionAir, LLC	Date 09/30/2017	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 5727 NW 7th St					
Address2 Ste 97					
City Miami					
State FL					Zip 33126-3105
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**

\$7,700.00

\$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 09/28/2017	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. \$250.00	Est. Value \$0.00
Last Name Matthews					
Address 4480 S Cobb Dr SE					
Address2 Ste H465	<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 Smyrna					
State GA					
Aff. Comm.					
First Name / Business Name Maxima Group Investments, Inc.	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. \$1,000.00	Est. Value \$0.00
Last Name					
Address 2439 Manhattan Blvd					
Address2 Ste 403A	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City Harvey					
State LA					
Aff. Comm.					
First Name / Business Name Diane	Date 09/18/2017	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 Mayfield					
Address 3513 Cantura Bluff Ave					
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 North Las Vegas					
State NV					
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 Darell	Date 09/24/2017	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	Cash Amt. \$2,500.00	Est. Value \$0.00	
Last Name Mays						
Address 1325 Monte Carlo Dr NW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Pensare	2017		Description	
Address2						
City Atlanta						
State GA						Zip 30327-3803
Aff. Comm.						
First Name / Business Name Genevieve	Date 09/04/2017	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	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Mays						
Address 109 Brunswick Dr	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AMAYSING	2017		Description	
Address2						
City Tyrone						
State GA						Zip 30290-1560
Aff. Comm.						
First Name / Business Name F Barry	Date 09/30/2017	Occupation Information 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	Cash Amt. \$2,600.00	Est. Value \$0.00	
Last Name McCabe						
Address 999 Peachtree St NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested	2017		Description	
Address2 Ste 2200						
City Atlanta						
State GA						Zip 30309-4521
Aff. Comm.						

**Itemized Contribution Page Total**

\$5,600.00

\$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 Erica	Date 09/27/2017	Occupation 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. \$5.00	Est. Value \$0.00	
Last Name McCoy						
Address 3298 Kings Bay Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Mayor Kasim Reed Administration			Description	
City Decatur						
State GA						Zip 30034-7114
Aff. Comm.						
First Name / Business Name Juel	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. \$5.00	Est. Value \$0.00	
Last Name Mcghee						
Address PO Box 52695						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Closing Deals LLC			Description	
City Atlanta						
State GA						Zip 30355-0695
Aff. Comm.						
First Name / Business Name Erika	Date 07/01/2017	Occupation Analyst	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$22.00	Est. Value \$0.00	
Last Name McGrew						
Address 4266 Roswell 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 EInvestment			Description	
City Atlanta						
State GA						Zip 30342-3755
Aff. Comm.						

**Itemized Contribution Page Total**

\$32.00

\$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 McGuire Woods	Date 09/27/2017	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 800 E Canal St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			
City Richmond							
State VA							Zip 23219-3956
Aff. Comm.							
First Name / Business Name Monica	Date 09/10/2017	Occupation  Information 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. \$100.00	Est. Value \$0.00		
Last Name McKinney							
Address 936 Persimmon Pt							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			
City Atlanta							
State GA							Zip 30328-4503
Aff. Comm.							
First Name / Business Name John	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. \$2,000.00	Est. Value \$0.00		
Last Name Mentz							
Address 559 Orme 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 The Metz Group			
City Atlanta							
State GA							Zip 30306-3651
Aff. Comm.							

**Itemized Contribution Page Total**

\$2,600.00

\$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 William	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. \$2,600.00	Est. Value \$0.00
Last Name Mickens					
Address 1603 Sleepy Hollow Ct					
Address2					
City Westlake					
State TX					Zip 76262-8231
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 Pam	Date 09/26/2017	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. \$100.00	Est. Value \$0.00
Last Name Middleton					
Address 3124 Meadow Glade Ct					
Address2					
City Lithonia					
State GA					Zip 30038-2298
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Banks Jackson and Middleton Inc			Description
First Name / Business Name Ricky and Cynthia	Date 09/30/2017	Occupation HR 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. \$10.00	Est. Value \$0.00
Last Name Miller					
Address 3311 Yushing Coirt					
Address2					
City Snellville					
State GA					Zip 30039
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer I. S. Government			Description

Itemized Contribution Page Total

\$2,710.00

\$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 JOHNNY TYRONE	Date 08/24/2017	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 MIMS						
Address 249 Linkwood 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 Johnny M's Pizza Bistro			Description	
City Atlanta						
State GA						Zip 30318-7130
Aff. Comm.						
First Name / Business Name CHARLENE	Date 09/10/2017	Occupation Realtor, Broker, 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. \$250.00	Est. Value \$0.00	
Last Name MINOR						
Address 250 Park Avenue West NW						
Address2 Unit 601	<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 30313-1605
Aff. Comm.						
First Name / Business Name Mission Development, LLC	Date 07/20/2017	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 231 Rope Mill Pkwy						
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 Woodstock						
State GA						Zip 30188-2453
Aff. Comm.						

**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 King	Date 09/30/2017	Occupation In School	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00
Last Name Mitchell					
Address 2030 Chestnut Hill Cir	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer In School			Description
Address2					
City Decatur					
State GA				Zip 30032-6111	
Aff. Comm.					
First Name / Business Name Melissa	Date 09/30/2017	Occupation 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. \$100.00	Est. Value \$0.00
Last Name Mitchell					
Address 4865 Guilford Forest Dr SW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer PulteGroup			Description
Address2					
City Atlanta					
State GA				Zip 30331-8373	
Aff. Comm.					
First Name / Business Name Lawanna	Date 08/15/2017	Occupation Podiatrist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Mondayharden					
Address 350 Clearbrook Dr	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Village podiatry			Description
Address2					
City Covington					
State GA				Zip 30016-8140	
Aff. Comm.					

**Itemized Contribution Page Total**

\$205.00

\$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 Phyllis C.	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. \$50.00	Est. Value \$0.00
Last Name Monroe					
Address 110 Marlene Ct					
Address2					
City Fayetteville					
State GA				Zip 30214-1091	
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 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					
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, Inc.			
First Name / Business Name Corey A.	Date 09/30/2017	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. \$50.00	Est. Value \$0.00
Last Name Moore					
Address 765 Forest Crossing Dr SW					
Address2					
City Atlanta					
State GA				Zip 30331-7387	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ProNetwork			

**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 Commodus	Date 09/29/2017	Occupation personal concierge	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Morgan					
Address 485 Center Hill Ave NW					
Address2					
City Atlanta					
State GA					Zip 30318-6230
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer von Ceaser management			Description
First Name / Business Name Gayle A	Date 09/30/2017	Occupation Not 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. \$20.00	Est. Value \$0.00
Last Name Morgan					
Address 2156 W Cedar Ln SW					
Address2					
City Atlanta					
State GA					Zip 30311-3968
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Not Employed			Description
First Name / Business Name Emily D.	Date 09/30/2017	Occupation Information 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. \$100.00	Est. Value \$0.00
Last Name Morrow					
Address 2099 Highview Rd SW					
Address2					
City Atlanta					
State GA					Zip 30311-2536
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$2,720.00

\$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 09/09/2017	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 Mosley					
Address 1704 Haven Cir					
Address2					
City Douglasville					
State GA					Zip 30135-7536
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 Patricia	Date 09/10/2017	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 Mosley					
Address 1704 Haven Cir					
Address2					
City Douglasville					
State GA					Zip 30135-7536
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 Simone D.	Date 09/30/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00
Last Name Moura					
Address 10756 NW 70th Ter					
Address2					
City Doral					
State FL					Zip 33178-3655
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			

**Itemized Contribution Page Total**

\$3,200.00

\$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 Simone D.	Date 09/30/2017	Occupation Information requested	<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 Moura					
Address 10756 NW 70th Ter					
Address2					
City Doral					
State FL					Zip 33178-3655
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Wagner D.	Date 09/30/2017	Occupation Information requested	<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 Moura					
Address 10756 NW 70th Ter					
Address2					
City Doral					
State FL					Zip 33178-3655
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Lisa M.	Date 09/27/2017	Occupation Information 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. \$249.00	Est. Value \$0.00
Last Name Moyer					
Address 240 Mountain Park Rd					
Address2					
City Allentown					
State PA					Zip 18103-7620
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$2,649.00

\$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 Corliss	Date 09/19/2017	Occupation Executive 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. \$125.00	Est. Value \$0.00
Last Name Muhammad					
Address 575 Pharr Rd NE					
Address2					
City Atlanta					
State GA					Zip 30355-4101
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer In The Spirit Of A Girl Foundation			Description
First Name / Business Name Jacqueline	Date 07/01/2017	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. \$22.00	Est. Value \$0.00
Last Name Murray					
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 City of Atlanta			Description
First Name / Business Name Melissa BLAND	Date 07/05/2017	Occupation Office Assistant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$20.00	Est. Value \$0.00
Last Name Myles					
Address 2589 Barge Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-5248
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&T			Description

**Itemized Contribution Page Total**

\$167.00

\$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 Tracy	Date 09/28/2017	Occupation Pediatrician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Nailor					
Address PO Box 170151					
Address2					
City Atlanta					
State GA					Zip 30317-0151
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Children's Healthcare of Atlanta			Description
First Name / Business Name National Concessions Management LLC	Date 09/20/2017	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. \$1,500.00	Est. Value \$0.00
Last Name					
Address 636 S Central Ave					
Address2 Ste 106					
City Atlanta					
State GA					Zip 30354-1964
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 Genet	Date 09/27/2017	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. \$800.00	Est. Value \$0.00
Last Name Negash					
Address 1335 Church St					
Address2 Unit C3					
City Decatur					
State GA					Zip 30030-1598
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CVS Pharmacy			Description

**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 Kenneth	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. \$500.00	Est. Value \$0.00
Last Name Neighbors					
Address 35 Randolph St NE					
Address2					
City Atlanta					
State GA					Zip 30312-1928
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, LLP			Description
First Name / Business Name Tamy	Date 09/30/2017	Occupation Accounting 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. \$100.00	Est. Value \$0.00
Last Name Nguyen					
Address 1101 Collier Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-8231
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Thrasher Contracting			Description
First Name / Business Name Sean	Date 09/29/2017	Occupation Information 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. \$1,500.00	Est. Value \$0.00
Last Name Norman					
Address P.O. BOX 12247					
Address2					
City					
State					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$2,100.00

\$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 Kerry	Date 09/30/2017	Occupation Key Account 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. \$10.00	Est. Value \$0.00
Last Name O'Brate					
Address 106 Chester Ave SE					
Address2					
City Atlanta					
State GA				Zip 30316-1204	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Embraco			Description
First Name / Business Name Aiyisha	Date 09/10/2017	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 Obafemi					
Address 3645 Marketplace Blvd					
Address2					
City East Point					
State GA				Zip 30344-5747	
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 Kelby	Date 09/30/2017	Occupation Line pump operator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Odell					
Address 509 Tomahawk Trl					
Address2					
City Woodstock					
State GA				Zip 30188-1725	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Jensen's Concrete Pumping			Description

**Itemized Contribution Page Total**

\$270.00

\$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 D.	Date 09/15/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Olsen					
Address 50 Club House Rd					
Address2 Unit 53					
City Key Largo					
State FL					Zip 33037-3600
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Steve	Date 09/15/2017	Occupation Senior Vice President & Chief Merchandising Officer, Aaron's Sales & Lease Ownership	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Olsen					
Address 50 Club House Rd					
Address2 Unit 53					
City Key Largo					
State FL					Zip 33037-3600
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Aarons, Inc.			Description
First Name / Business Name Ashley	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 Pandit					
Address 472 Martin St SE					
Address2 Unit 6					
City Atlanta					
State GA					Zip 30312-2902
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer PwC			Description

**Itemized Contribution Page Total**

\$5,250.00

\$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 Gregg	Date 09/20/2017	Occupation President & 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 Paradies					Description							
Address 875 Powers Lake Dr												
Address2												
City Atlanta												
State GA												
Zip 30327-4755					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Paradies Shops	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$240.00	Est. Value \$0.00			
Aff. Comm.	Description											
First Name / Business Name A.		Date 08/29/2017	Occupation Information 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. \$240.00	Est. Value \$0.00	
Last Name Parks												Description
Address												
Address2												
City												
State GA	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				Employer Information 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				
Zip									Description			
Aff. Comm.												
First Name / Business Name Joyce		Date 09/10/2017	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 Parks												Description
Address 4640 Heatherwood Dr SW												
Address2												
City Atlanta												
State GA	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				Employer 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. \$1,000.00	Est. Value \$0.00				
Zip 30331-7412									Description			
Aff. Comm.												

Itemized Contribution Page Total

\$2,240.00

\$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 Loretta	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. \$10.00	Est. Value \$0.00
Last Name Parks					
Address PO Box 363					
Address2					
City Cedartown					
State GA					Zip 30125-0363
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 Keven	Date 09/30/2017	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 Patterson					
Address 5104 Crescent Cove Ln					
Address2					
City Mableton					
State GA					Zip 30126-7622
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 07/20/2017	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. \$100.00	Est. Value \$0.00
Last Name Patterson					
Address 439 Waterford Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-7142
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**

\$360.00

\$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 Raymond	Date 09/30/2017	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. \$250.00	Est. Value \$0.00
Last Name Payne					
Address 3440 Briar Ridge Ln					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cerner Capital			Description
City Snellville					
State GA				Zip 30039-8625	
Aff. Comm.					
First Name / Business Name L Russell	Date 09/28/2017	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. \$250.00	Est. Value \$0.00
Last Name Pennington					
Address 3505 Sunderland 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 McGuire Woods			Description
City Brookhaven					
State GA				Zip 30319-1969	
Aff. Comm.					
First Name / Business Name Sandi	Date 09/13/2017	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. \$100.00	Est. Value \$0.00
Last Name Peterson-Cooper					
Address 3635 Rivers Call Blvd					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SPC Creative Concepts, Inc.			Description
City Atlanta					
State GA				Zip 30339-8502	
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 PGR, Inc.	Date 09/30/2017	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 1921 Woodsdale 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			Description	
City Atlanta								
State GA								Zip 30324-2727
Aff. Comm.								
First Name / Business Name Phoenix Drilling Corporation	Date 09/20/2017	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. \$1,100.00	Est. Value \$0.00			
Last Name								
Address 3330 Walton Riverwood Ln SE								
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 30339
Aff. Comm.								
First Name / Business Name Phoenix Drilling Corporation	Date 09/20/2017	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. \$500.00	Est. Value \$0.00			
Last Name								
Address 3330 Walton Riverwood Ln SE								
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 30339
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 Amy	Date 09/22/2017	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. \$100.00	Est. Value \$0.00
Last Name Phuong					
Address 106 Chester Ave SE					
Address2					
City Atlanta					
State GA					Zip 30316-1204
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 Kenya	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. \$25.00	Est. Value \$0.00
Last Name Pierre					
Address 4158 Wisconsin Dr					
Address2					
City Atlanta					
State GA					Zip 30338-8801
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Arauco North America			Description
First Name / Business Name Pinnacle Management Group, LLC	Date 09/28/2017	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. \$2,000.00	Est. Value \$0.00
Last Name					
Address 4563 Fountain Dr NE					
Address2					
City Marietta					
State GA					Zip 30067-3657
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**

\$2,125.00

\$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 Piper & Co., LLC  Last Name  Address 3399 Peachtree Rd NE  Address2 Ste 400  City Atlanta  State GA      Zip 30326-2825  Aff. Comm.	Date 09/10/2017  <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. \$500.00	Est. Value \$0.00  Description
First Name / Business Name Plateau Excavation, Inc.  Last Name  Address 375 Lee Industrial Blvd  Address2  City Austell  State GA      Zip 30168-7427  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
First Name / Business Name Chancey  Last Name Porter  Address 67 Willow Wood Cir SE  Address2  City Atlanta  State GA      Zip 30317-2817  Aff. Comm.	Date 07/15/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Truck Driver  Employer Unemployed	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$3.00	Est. Value \$0.00  Description

**Itemized Contribution Page Total**

\$3,103.00

\$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 Chancey	Date 08/19/2017	Occupation Truck Driver	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00			
Last Name Porter								
Address 67 Willow Wood Cir SE								
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 30317-2817
Aff. Comm.								
First Name / Business Name Chancey	Date 09/13/2017	Occupation Truck Driver	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$3.00	Est. Value \$0.00			
Last Name Porter								
Address 67 Willow Wood Cir SE								
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 30317-2817
Aff. Comm.								
First Name / Business Name Jeffrey L	Date 09/26/2017	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 Portman St								
Address 240 Peachtree St NW								
Address2 Ste 2200		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer AMC, Inc			Description	
City Atlanta								
State GA								Zip 30303-1327
Aff. Comm.								

**Itemized Contribution Page Total**

\$2,608.00

\$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 Pretty Queen Partners	Date 09/22/2017	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. \$250.00	Est. Value \$0.00	
Last Name					Description	
Address 5804 Riverstone Cir						
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				
State GA						Zip 30339-8412
Aff. Comm.						
First Name / Business Name India	Date 09/30/2017	Occupation  Office Support	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00	
Last Name Prisby					Description	
Address 2030 Chestnut Hill Cir						
Address2						
City Decatur	<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				
State GA						Zip 30032-6111
Aff. Comm.						
First Name / Business Name Tracie	Date 09/30/2017	Occupation  Administrative Assistant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00	
Last Name Prisby					Description	
Address 2030 Chestnut Hill Cir						
Address2						
City Decatur	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BenxhMark Management, LLC				
State GA						Zip 30032-6111
Aff. Comm.						

Itemized Contribution Page Total

\$260.00

\$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 Marilyn	Date 09/10/2017	Occupation real esate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Pumphrey					
Address PO Box 79502					
Address2					
City Atlanta					
State GA				Zip 30357-7502	
Aff. Comm.				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
First Name / Business Name Cynthia	Date 09/07/2017	Occupation Fashion Stylist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Quarles					
Address 721 Vinings Estates Dr SE					
Address2					
City Mableton					
State GA				Zip 30126-5926	
Aff. Comm.				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	
First Name / Business Name Angela	Date 09/30/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Ramson					
Address 1371 Audubon Ct SW					
Address2					
City Atlanta					
State GA				Zip 30311-2471	
Aff. Comm.				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	

**Itemized Contribution Page Total**

\$2,800.00

\$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 Virginia	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 Randall					Description	
Address 3652 Lake Estates Way						
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 30349-1894
Aff. Comm.						
First Name / Business Name Jonathan J.	Date 09/29/2017	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. \$1,250.00	Est. Value \$0.00	
Last Name Rawls					Description	
Address PO Box 52997						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Premier Events				
City Atlanta						
State GA						Zip 30355-0997
Aff. Comm.						
First Name / Business Name Eva	Date 08/13/2017	Occupation Information 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. \$25.00	Est. Value \$0.00	
Last Name Redd Hornsby					Description	
Address 846 Mandana Blvd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Oakland						
State CA						Zip 94610-2429
Aff. Comm.						

**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 Shirley A.	Date 08/11/2017	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 Redd							
Address 40 Schuyler St							
Address2 Apt 3					<input checked="" type="checkbox"/> Monetary	Employer Retired	
City Boston					<input type="checkbox"/> Inkind		Description
State MA					<input type="checkbox"/> Common Source		
Zip 02121-2508					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Denise	Date 09/07/2017	Occupation Client 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. \$250.00	Est. Value \$0.00		
Last Name Reese							
Address 260 18th St NW							
Address2 Unit 10203					<input checked="" type="checkbox"/> Monetary	Employer ThoughtWorks	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30363-1185					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Reliant Water	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. \$250.00	Est. Value \$0.00		
Last Name							
Address PO Box 1883							
Address2					<input checked="" type="checkbox"/> Monetary	Employer	
City Butler					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 31006-1883					<input type="checkbox"/> Credit Received on Loan		
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 RGW Enterprises	Date 09/22/2017	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 3630 Peachtree Rd NE						
Address2 Unit 2001		<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						
Aff. Comm.						
First Name / Business Name RGW Enterprises	Date 09/22/2017	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. \$1,600.00	Est. Value \$0.00	
Last Name						
Address 3630 Peachtree Rd NE						
Address2 Unit 2001		<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						
Aff. Comm.						
First Name / Business Name David N	Date 09/30/2017	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 Richardson						
Address 4700 Regency Trce SW						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Sprint Corporation	<input 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						
Aff. Comm.						

**Itemized Contribution Page Total**

\$4,300.00

\$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 Edward	Date 09/22/2017	Occupation Information 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. \$250.00	Est. Value \$0.00	
Last Name Richardson						
Address 1266 W Paces Ferry Rd NW						
Address2 # 119	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description	
City Atlanta						
State GA						Zip 30327-2306
Aff. Comm.						
First Name / Business Name Irene M.	Date 09/20/2017	Occupation Information 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. \$250.00	Est. Value \$0.00	
Last Name Richardson						
Address PO Box 310934						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description	
City Atlanta						
State GA						Zip 31131-0934
Aff. Comm.						
First Name / Business Name Jeffrey	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. \$1,000.00	Est. Value \$0.00	
Last Name Riddle						
Address 901 Cascade Xing SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Riddle and Schwartz, LLC			Description	
City Atlanta						
State GA						Zip 30331-8364
Aff. Comm.						

**Itemized Contribution Page Total**

\$1,500.00

\$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 Jeffrey	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. \$500.00	Est. Value \$0.00		
Last Name Riddle							
Address 901 Cascade Xing SW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Riddle and Schwartz, LLC	<input 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 30331-8364
Aff. Comm.							
First Name / Business Name Shelly	Date 09/29/2017	Occupation Information 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. \$500.00	Est. Value \$0.00		
Last Name Riddle							
Address							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested	<input 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							
State							Zip
Aff. Comm.							
First Name / Business Name Marian	Date 09/06/2017	Occupation None	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Roach							
Address 1171 Parkland Run SE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer None	<input 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 Smyrna							
State GA							Zip 30082-4737
Aff. Comm.							

**Itemized Contribution Page Total**

\$1,100.00

\$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 Casper S.	Date 09/18/2017	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 Robinson Jr.					
Address 7020 Pinebrook Dr					
Address2					
City New Orleans					
State LA					Zip 70128-2654
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 Creshawn	Date 09/18/2017	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. \$50.00	Est. Value \$0.00
Last Name Robinson					
Address 1455 Hall Rd					
Address2					
City Danville					
State GA					Zip 31017-2456
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Student			
First Name / Business Name Lynn	Date 09/10/2017	Occupation 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. \$5.00	Est. Value \$0.00
Last Name Robinson					
Address					
Address2					
City					
State					Zip
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DeKalb Hospital			

**Itemized Contribution Page Total**

\$555.00

\$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 Mitch	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. \$250.00	Est. Value \$0.00
Last Name Robinson					
Address 2727 Julian Street					
Address2					
City Atlanta					
State GA					Zip 30316
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, LLP.			Description
First Name / Business Name Sylvia	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. \$25.00	Est. Value \$0.00
Last Name Robinson					
Address 995 Regency Crest Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-2017
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 WESLIE S	Date 07/08/2017	Occupation Information 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. \$75.00	Est. Value \$0.00
Last Name ROBINSON					
Address 1105 Regency Center Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-2086
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description

**Itemized Contribution Page Total**

\$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 Jasmin	Date 09/30/2017	Occupation Data analyst	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$5.00	Est. Value \$0.00	
Last Name Rockwell					Description	
Address 3725 Princeton Lakes Pkwy SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer United Way of Greater Atlanta				
City Atlanta						
State GA						Zip 30331-5532
Aff. Comm.						
First Name / Business Name Cheryl	Date 09/27/2017	Occupation Information 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. \$25.00	Est. Value \$0.00	
Last Name Rogers					Description	
Address 950 Veltre Cir SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30311-3124
Aff. Comm.						
First Name / Business Name Tina	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. \$250.00	Est. Value \$0.00	
Last Name Romaniello					Description	
Address 40 Cates Ridge 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				
City Atlanta						
State GA						Zip 30327-4425
Aff. Comm.						

**Itemized Contribution Page Total**

\$280.00

\$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 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.					
First Name / Business Name Kenny	Date 08/25/2017	Occupation Project 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. \$100.00	Est. Value \$0.00
Last Name Ross					
Address 2136 Peach Ln SE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Liberty Mutual			Description
City Smyrna					
State GA				Zip 30080-6542	
Aff. Comm.					
First Name / Business Name Mark	Date 09/30/2017	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 Ross					
Address 2131 Pace St					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Right at Home			Description
City Covington					
State GA				Zip 30014-6652	
Aff. Comm.					

**Itemized Contribution Page Total**

\$1,600.00

\$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 Russell's Gourment Coffee, LLC	Date 09/27/2017	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. \$300.00	Est. Value \$0.00
Last Name				Description	
Address 2356 Cottage Grove Avenue					
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					
Aff. Comm.					
First Name / Business Name Michael	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				Description	
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			
City Atlanta					
State GA					
Aff. Comm.					
First Name / Business Name Kenneth	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. \$500.00	Est. Value \$0.00
Last Name Saffold				Description	
Address Bohler 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 Finance			
City Atlanta					
State GA					
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 Samson Tours, Inc.  Last Name  Address 3745 Zip Industrial Blvd SE  Address2  City Atlanta  State GA Zip 30354-2936  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  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
First Name / Business Name Michelle  Last Name Sanchez-Boyce  Address 23 Hunt Path  Address2  City New Rochelle  State NY Zip 10804-3409  Aff. Comm.	Date 08/13/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Founder  Employer Simplicity Designs	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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  Description
First Name / Business Name GABRIELLE ALLMON  Last Name SANDERS  Address 415 Armour Dr NE  Address2 2102  City Atlanta  State GA Zip 30324-3933  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 Campaign Staff  Employer KLB for Mayor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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  Description

**Itemized Contribution Page Total**

\$3,750.00

\$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 Irvin	Date 09/25/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Scales					
Address 7401 Cranbrook Dr					
Address2					
City New Orleans					
State LA					Zip 70128-2319
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Stacey	Date 09/28/2017	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. \$250.00	Est. Value \$0.00
Last Name Scott					
Address 936 Holcomb Bridge Rd					
Address2					
City Roswell					
State GA					Zip 30076-1909
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Elgia, Inc.			Description
First Name / Business Name Uwonda	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 Scott					
Address 4052 Olde Glen Cv					
Address2					
City Fairburn					
State GA					Zip 30213-4288
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**

\$3,250.00

\$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 Douglass P	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 <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hunton & Williams			
First Name / Business Name SFI Land, LLC	Date 09/30/2017	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. \$2,400.00	Est. Value \$0.00
Last Name					
Address PO Box 566					
Address2					
City Snellville					
State GA					Zip 30078-0566
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
First Name / Business Name TRACEY	Date 09/27/2017	Occupation Information 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. \$25.00	Est. Value \$0.00
Last Name SHACKLEFORD					
Address 319 Fielding Ln SW					
Address2					
City Atlanta					
State GA					Zip 30311-2018
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			

**Itemized Contribution Page Total**

\$2,675.00

\$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 Sabrina	Date 07/11/2017	Occupation healthcare 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 Shannon					
Address 1285 Middlesex Ave NE					
Address2					
City Atlanta					
State GA					Zip 30306-3228
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Advanced Healthcare Leaders			Description
First Name / Business Name Wanda	Date 09/10/2017	Occupation Film and Television Producer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Shelley					
Address 4240 Glen Vista Ct					
Address2					
City Duluth					
State GA					Zip 30097-7652
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wynter Shelley Entertainment			Description
First Name / Business Name Wanda	Date 09/10/2017	Occupation Film and Television Producer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Shelley					
Address 4240 Glen Vista Ct					
Address2					
City Duluth					
State GA					Zip 30097-7652
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wynter Shelley Entertainment			Description

**Itemized Contribution Page Total**

\$1,500.00

\$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 Wanda	Date 09/30/2017	Occupation Film and Television Producer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Shelley					Description	
Address 4240 Glen Vista Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wynter Shelley Entertainment				
City Duluth						
State GA						Zip 30097-7652
Aff. Comm.						
First Name / Business Name Joi	Date 09/30/2017	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. \$30.00	Est. Value \$0.00	
Last Name Showell					Description	
Address 4865 Montcalm Dr SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Clark Atlanta University				
City Atlanta						
State GA						Zip 30331-8417
Aff. Comm.						
First Name / Business Name Adrienne	Date 09/10/2017	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 Sienkowski					Description	
Address 3330 Wood Branch Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ENVIRO				
City Alpharetta						
State GA						Zip 30004-4542
Aff. Comm.						

**Itemized Contribution Page Total**

\$30.00

\$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 Adrienne	Date 09/10/2017	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 Sienkowski					
Address 3330 Wood Branch Dr					
Address2					
City Alpharetta					
State GA					Zip 30004-4542
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ENVIRO			Description
First Name / Business Name Adrienne	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. -\$250.00	Est. Value \$0.00
Last Name Sienkowski					
Address 3330 Wood Branch Dr					
Address2					
City Alpharetta					
State GA					Zip 30004-4542
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ENVIRO			Description
First Name / Business Name Althea	Date 09/27/2017	Occupation Instructional Aide	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Simmons					
Address 2508 Plymouth Way					
Address2					
City Conyers					
State GA					Zip 30013-6398
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Woodward Academy			Description

Itemized Contribution Page Total

\$50.00

\$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 Jana P.	Date 09/29/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Simmons					
Address 220 W Andrews Dr NW					
Address2					
City Atlanta					
State GA					Zip 30305-2016
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Mack M	Date 07/19/2017	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. \$10.00	Est. Value \$0.00
Last Name Simmons					
Address 3315 Glenview Cir SW					
Address2					
City Atlanta					
State GA					Zip 30331-2407
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 Simpson Burns & Associates	Date 07/18/2017	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. \$250.00	Est. Value \$0.00
Last Name					
Address 2542 Briers North Dr					
Address2					
City Atlanta					
State GA					Zip 30360-2078
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**

\$2,760.00

\$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 Ronald	Date 09/30/2017	Occupation Regional 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. \$100.00	Est. Value \$0.00
Last Name Sims					
Address 1616 Piedmont Ave NE					
Address2 Apt O2					
City Atlanta					
State GA					Zip 30324-5272
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer FDIC			
First Name / Business Name Jerome	Date 09/03/2017	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. \$25.00	Est. Value \$0.00
Last Name Singleton					
Address 1211 Columns Dr					
Address2					
City Lithia Spgs					
State GA					Zip 30122-3126
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CKS Packaging			
First Name / Business Name Anthony	Date 09/29/2017	Occupation Owner operator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,600.00	Est. Value \$0.00
Last Name Sirica					
Address 401 E 1st St					
Address2 Unit 4096					
City Sanford					
State FL					Zip 32772-7626
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AirPancho's, LLC			

**Itemized Contribution Page Total**

\$1,725.00

\$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 Albert R	Date 09/30/2017	Occupation Fleet 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. \$20.00	Est. Value \$0.00	
Last Name Slappey						
Address 1005 Reunion Pl SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer A-National Limousine Service, Inc.			Description	
City Atlanta						
State GA						Zip 30331-6350
Aff. Comm.						
First Name / Business Name Melody	Date 09/08/2017	Occupation Chief Human Resources & Compliance 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. \$250.00	Est. Value \$0.00	
Last Name Smalls						
Address 149 Evergreen Trl						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Weather Group, LLC ( The Weather Channel )			Description	
City Atlanta						
State GA						Zip 30349-1012
Aff. Comm.						
First Name / Business Name J Bradford	Date 09/26/2017	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. \$5,000.00	Est. Value \$0.00	
Last Name Smith						
Address 150 Polk Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TPA Group LLC			Description	
City Moreland						
State GA						Zip 30259-2239
Aff. Comm.						

**Itemized Contribution Page Total**

\$5,270.00

\$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 L. Demario	Date 09/29/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00		
Last Name Smith							
Address 5128 Middlebrooks Dr							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Information requested			
City Forest Park							
State GA							Zip 30297-2711
Aff. Comm.							
First Name / Business Name Pamela J	Date 09/10/2017	Occupation President/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. \$250.00	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 Smith Real Estate Services			
City Sandy Springs							
State GA							Zip 30328-4806
Aff. Comm.							
First Name / Business Name Southeast Construction Solutions, 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. \$2,600.00	Est. Value \$0.00		
Last Name							
Address 542 Clifton St SE							
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 30316-1773
Aff. Comm.							

**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 Simeon	Date 09/30/2017	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. \$10.00	Est. Value \$0.00
Last Name Spearman					
Address 1513 McPherson Ave SE					
Address2					
City Atlanta					
State GA					Zip 30316-1757
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Metro Atlanta Chamber			Description
First Name / Business Name Spears & Spears Attorneys & Counselors at Law	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. \$1,000.00	Est. Value \$0.00
Last Name					
Address 1631 Elysian Fields Ave					
Address2					
City New Orleans					
State LA					Zip 70117-8208
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 Spears & Spears Attorneys & Counselors at Law	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. \$1,500.00	Est. Value \$0.00
Last Name					
Address 1631 Elysian Fields Ave					
Address2					
City New Orleans					
State LA					Zip 70117-8208
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**

\$2,510.00

\$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 W.	Date 09/30/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00	
Last Name Stern					Description	
Address 1300 W Garmon Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
City Atlanta						
State GA						Zip 30327-4406
Aff. Comm.						
First Name / Business Name Genifer	Date 09/10/2017	Occupation 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. \$250.00	Est. Value \$0.00	
Last Name Stewart					Description	
Address 6161 Red Maple Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Klick Health				
City Atlanta						
State GA						Zip 30349-1285
Aff. Comm.						
First Name / Business Name Lotatia	Date 09/10/2017	Occupation Principal Owner / 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. \$50.00	Est. Value \$0.00	
Last Name Stewart					Description	
Address 3022 Montclair Cir SE						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer KLS Professional Group, Inc.				
City Smyrna						
State GA						Zip 30080-3795
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,800.00

\$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 Fallany	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. \$100.00	Est. Value \$0.00
Last Name Stover					
Address 1842 Shoal Creek Blvd					
Address2					
City Decatur					
State GA					Zip 30032-4528
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Stover Legal Group, LLC			Description
First Name / Business Name BC	Date 09/20/2017	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. \$500.00	Est. Value \$0.00
Last Name Stubblefield					
Address 3645 Marketplace Blvd					
Address2 # 130-290					
City Atlanta					
State GA					Zip 30344-5747
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Stubblefield Ventures, LLC			Description
First Name / Business Name Atle	Date 09/29/2017	Occupation 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. \$250.00	Est. Value \$0.00
Last Name Sundland					
Address 18205 Patterson Rd					
Address2					
City Odessa					
State FL					Zip 33556-2743
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer F2C, Inc.			Description

**Itemized Contribution Page Total**

\$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 Sykes Consulting, Inc.	Date 09/30/2017	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					Description		
Address 1175 Peachtree St NE							
Address2 100 Colony Square							
City Atlanta							
State GA							
Zip 30361-3528					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	
Aff. Comm.							
First Name / Business Name Sylvia Ross Associates, LLC	Date 09/22/2017	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. \$100.00			Est. Value \$0.00
Last Name							Description
Address 541 Country Lake Dr							
Address2							
City Hampton							
State GA							
Zip 30228-2603					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	
Aff. Comm.							
First Name / Business Name Kenneth	Date 07/20/2017	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. \$2,500.00			Est. Value \$0.00
Last Name Syphoe CPA							Description
Address 167 Trinity Ave SW							
Address2							
City Atlanta							
State GA							
Zip 30303-3648					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Martin, Harps & Syphoe	
Aff. Comm.							

**Itemized Contribution Page Total**

\$3,100.00

\$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 Michael	Date 09/30/2017	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. \$2,600.00	Est. Value \$0.00			
Last Name Tabb								
Address 4151 Gemstone Ter								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Red Rock Global			Description	
City Marietta								
State GA								Zip 30062-5795
Aff. Comm.								
First Name / Business Name Hellen	Date 09/30/2017	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. \$700.00	Est. Value \$0.00			
Last Name Takriti								
Address 106 Green Branch Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer ItWorks			Description	
City Tyrone								
State GA								Zip 30290-1543
Aff. Comm.								
First Name / Business Name Hellen	Date 09/30/2017	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. \$900.00	Est. Value \$0.00			
Last Name Takriti								
Address 106 Green Branch Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer ItWorks			Description	
City Tyrone								
State GA								Zip 30290-1543
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 Taylor Made Medical Consultants, 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. \$2,600.00	Est. Value \$0.00		
Last Name							
Address 17 Park Timbers Dr							
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 New Orleans							
State LA							Zip 70131-8615
Aff. Comm.							
First Name / Business Name Chantel	Date 08/28/2017	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. \$100.00	Est. Value \$0.00		
Last Name Taylor							
Address 916 Springdale 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 Ms.	<input 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 30306-4620
Aff. Comm.							
First Name / Business Name MAYEOTIS J	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. \$22.00	Est. Value \$0.00		
Last Name TAYLOR							
Address 1150 Regency Center Dr SW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Retired	<input 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 30331-2075
Aff. Comm.							

**Itemized Contribution Page Total**

\$2,722.00

\$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 Technique Concrete Construction	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. \$2,600.00	Est. Value \$0.00
Last Name					
Address 3556 Calumet Rd					
Address2		Employer		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description
City Decatur					
State GA					
Aff. Comm.					
First Name / Business Name The Collaborative Firm LLC	Date 09/20/2017	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 1514 Cleveland Ave					
Address2 Ste 82		Employer		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description
City East Point					
State GA					
Aff. Comm.					
First Name / Business Name The Patterson Firm LLC	Date 07/19/2017	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 2964 Peachtree Rd NW					
Address2 Ste 260		Employer		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description
City Atlanta					
State GA					
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 The Patterson Firm LLC	Date 09/22/2017	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. \$250.00	Est. Value \$0.00			
Last Name								
Address 3179 E Wood 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			Description	
City Atlanta								
State GA								Zip 30327-1519
Aff. Comm.								
First Name / Business Name Anita	Date 09/10/2017	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 Thomas								
Address 3366 Somerset Trl SW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Nelson Mullins Riley & Scarborough			Description	
City Atlanta								
State GA								Zip 30331-7933
Aff. Comm.								
First Name / Business Name Eric	Date 09/30/2017	Occupation  Pastor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Thomas								
Address 3366 Somerset Trl SW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer St. Peter			Description	
City Atlanta								
State GA								Zip 30331-7933
Aff. Comm.								

**Itemized Contribution Page Total**

\$600.00

\$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 Jini	Date 09/05/2017	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. \$250.00	Est. Value \$0.00		
Last Name Thornton							
Address 3645 Marketplace Blvd							
Address2 Ste 130-318		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Envision Business Management Group			
City Atlanta							
State GA							Zip 30344-5747
Aff. Comm.							
First Name / Business Name Michael	Date 09/22/2017	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 Thornton							
Address 2647 Moreland 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 MDT of Atlanta Inc			
City Atlanta							
State GA							Zip 30315-5708
Aff. Comm.							
First Name / Business Name Michael	Date 09/22/2017	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 Thornton							
Address 2647 Moreland 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 MDT of Atlanta Inc			
City Atlanta							
State GA							Zip 30315-5708
Aff. Comm.							

**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 Thrasher Contracting and Trucking	Date 09/20/2017	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 1500 Marietta 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			Description	
City Atlanta								
State GA								Zip 30318-3653
Aff. Comm.								
First Name / Business Name Melinda	Date 09/10/2017	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. \$400.00	Est. Value \$0.00			
Last Name Thrasher								
Address 4 Cascade Pointe Dr SW								
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 30331-8501
Aff. Comm.								
First Name / Business Name Frederick	Date 07/20/2017	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. \$50.00	Est. Value \$0.00			
Last Name Toca								
Address 4930 Guilford Forest Dr SW								
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 30331-9018
Aff. Comm.								

**Itemized Contribution Page Total**

\$3,050.00

\$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 Michael	Date 07/01/2017	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. \$1,000.00	Est. Value \$0.00
Last Name Tompkins					
Address 3417 Tuxedo Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1050
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer JLC Southeast			Description
First Name / Business Name ERIC K	Date 09/22/2017	Occupation Information 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. \$100.00	Est. Value \$0.00
Last Name TOOMER					
Address 860 Forest Overlook Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-7388
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Emmett C	Date 08/20/2017	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 Touchstone Jr.					
Address 375 Highland Ave NE					
Address2 603					
City Atlanta					
State GA					Zip 30312-1375
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**

\$1,600.00

\$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 Trans Alpha Si, Inc.	Date 09/30/2017	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							
Address							
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 30349
Aff. Comm.							
First Name / Business Name Trans-Air Concessions, LLC	Date 09/20/2017	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							
Address 1745 Phoenix Blvd							
Address2 Ste 340		<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 30349-5534
Aff. Comm.							
First Name / Business Name Keisha	Date 09/29/2017	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. \$2,500.00	Est. Value \$0.00		
Last Name Trower							
Address 4278 Paces Ferry Rd SE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Berkshire Hathaway			
City Atlanta							
State GA							Zip 30339-3782
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 John B.	Date 09/30/2017	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. \$2,600.00	Est. Value \$0.00
Last Name Tucker					
Address 157 Henson Rd					
Address2					
City Hawkinsville					
State GA					Zip 31036-9629
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Industrial South			
First Name / Business Name John B.	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. \$2,400.00	Est. Value \$0.00
Last Name Tucker					
Address 157 Henson Rd					
Address2					
City Hawkinsville					
State GA					Zip 31036-9629
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 Elaine	Date 07/13/2017	Occupation Agency 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. \$20.00	Est. Value \$0.00
Last Name Turner					
Address 12 Powder Springs St					
Address2 Ste 270					
City Marietta					
State GA					Zip 30064-7205
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 Premier Insurance			

**Itemized Contribution Page Total**

\$5,020.00

\$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 Katherine	Date 09/10/2017	Occupation Claim 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. \$200.00	Est. Value \$0.00			
Last Name Turnley								
Address 1516 Niskey Lake Trl SW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Allstate Insurance			Description	
City Atlanta								
State GA								Zip 30331-6318
Aff. Comm.								
First Name / Business Name Jo Ann	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. \$300.00	Est. Value \$0.00			
Last Name Tuttle								
Address 7543 Island Mill Rd SE								
Address2 Ste 1430		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer JAT Consulting Services, Inc.			Description	
City Acworth								
State GA								Zip 30102-2652
Aff. Comm.								
First Name / Business Name Tracey D.	Date 09/10/2017	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. \$100.00	Est. Value \$0.00			
Last Name Upshaw								
Address 4113 Barrett Pl								
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 Hampton								
State GA								Zip 30228-6070
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 Angela R.	Date 08/13/2017	Occupation Information 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. \$200.00	Est. Value \$0.00
Last Name Wafer					
Address 14829 Ashton Rd					
Address2					
City Detroit					
State MI					Zip 48223-2346
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Charles	Date 09/29/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Walker					
Address 1253 N Bay Shore Dr					
Address2					
City Virginia Beach					
State VA					Zip 23451-3714
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name James	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. \$100.00	Est. Value \$0.00
Last Name Walker					
Address 6253 Providence Club Dr					
Address2					
City Mableton					
State GA					Zip 30126-7224
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**

\$2,800.00

\$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 Julie	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 Walker								
Address 2861 Engle 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 Tax Attorney			Description	
City Atlanta								
State GA								Zip 30318-7216
Aff. Comm.								
First Name / Business Name Jacqueline M.	Date 09/30/2017	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. \$2,500.00	Est. Value \$0.00			
Last Name Walters								
Address 3 Dunwoody Park								
Address2 Ste		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Jacqueline Walters MD PC			Description	
City Atlanta								
State GA								Zip 30338-7405
Aff. Comm.								
First Name / Business Name Barbara L	Date 07/08/2017	Occupation Secretary	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Groves								
Address 595 Regency Park Dr SW								
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 Institute			Description	
City Atlanta								
State GA								Zip 30331-2070
Aff. Comm.								

**Itemized Contribution Page Total**

\$2,800.00

\$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 CARL	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. \$1,000.00	Est. Value \$0.00
Last Name WARE					
Address 1681 Ryland Trl SW					
Address2					
City Atlanta					
State GA					Zip 30331-6334
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 Jerry	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 Warren					
Address 2307 Barge Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-2507
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 LaToya	Date 09/30/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Washington					
Address 391 Las Colinas Blvd E					
Address2 Ste 130					
City Irving					
State TX					Zip 75039-6225
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			

**Itemized Contribution Page Total**

\$3,550.00

\$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 Maia	Date 08/30/2017	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. \$30.00	Est. Value \$0.00	
Last Name Watkins						
Address PO Box 16964						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CH2M			Description	
City Atlanta						
State GA						Zip 30321-0964
Aff. Comm.						
First Name / Business Name George	Date 09/29/2017	Occupation Retired Structural 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. \$20.00	Est. Value \$0.00	
Last Name Watt						
Address 1345 Heatherland Dr SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Not Employed			Description	
City Atlanta						
State GA						Zip 30331-7460
Aff. Comm.						
First Name / Business Name Andrew	Date 09/22/2017	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. \$500.00	Est. Value \$0.00	
Last Name Weddig						
Address 730 Liberty Bell Ln						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hojeij Branded Foods			Description	
City Libertyville						
State IL						Zip 60048-3450
Aff. Comm.						

**Itemized Contribution Page Total**

\$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 C	Date 08/13/2017	Occupation Information 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. \$250.00	Est. Value \$0.00
Last Name Welburn					Description
Address 7853 Langley Ridge Rd					
Address2					
City Mc Lean					
State VA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Selam	Date 09/30/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Welde					Description
Address 1372 Sanden Ferry Dr					
Address2					
City Decatur					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Erica	Date 09/08/2017	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. \$250.00	Est. Value \$0.00
Last Name Werts					Description
Address 3148 Cherbourg Ct					
Address2					
City Marietta					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan

**Itemized Contribution Page Total**

\$3,000.00

\$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 Tanya E.	Date 09/10/2017	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 Whitner MD					Description		
Address 411 Gladelynn Way							
Address2							
City Waxhaw							
State NC							
Zip 28173-7387					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Private Practice	
Aff. Comm.							
First Name / Business Name Carla	Date 07/08/2017	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 Wiley							Description
Address 1095 Regency Center Dr SW							
Address2							
City Atlanta							
State GA							
Zip 30331-2086					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer National Labor Relations Board	
Aff. Comm.							
First Name / Business Name Thomas D	Date 09/30/2017	Occupation Information 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. \$1,600.00			Est. Value \$0.00
Last Name Wilkins							Description
Address 1750 Niskey Lake Trl SW							
Address2							
City Atlanta							
State GA							
Zip 30331-6322					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information Requested	
Aff. Comm.							

**Itemized Contribution Page Total**

\$2,150.00

\$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.  
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 D	Date 09/30/2017	Occupation Information Requested	<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. \$900.00	Est. Value \$0.00			
Last Name Wilkins								
Address 1750 Niskey Lake Trl SW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer Information 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	Description	
City Atlanta								
State GA								Zip 30331-6322
Aff. Comm.								
First Name / Business Name Adoria G	Date 07/01/2017	Occupation Disabled	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Williams								
Address 2577 Woodhill Cir								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer Not 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	Description	
City East Point								
State GA								Zip 30344-6642
Aff. Comm.								
First Name / Business Name Brandon	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. \$250.00	Est. Value \$0.00			
Last Name Williams								
Address 1844 Rock Springs 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 World Group, 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	Description	
City Atlanta								
State GA								Zip 30324-5282
Aff. Comm.								

**Itemized Contribution Page Total**

\$1,160.00

\$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 Alice	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. \$250.00	Est. Value \$0.00
Last Name Wilson					
Address 5055 Cascade Overlook SW					
Address2					
City Atlanta					
State GA					Zip 30331-7372
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Cumberland Pediatrics			Description
First Name / Business Name Bonika	Date 09/01/2017	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 Wilson					
Address 1006 River Vista Dr					
Address2					
City Atlanta					
State GA					Zip 30339-2956
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Clarus Consulting			Description
First Name / Business Name Casey	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. \$20.00	Est. Value \$0.00
Last Name Wilson					
Address 3365 Regent Pl SW					
Address2					
City Atlanta					
State GA					Zip 30311-3094
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Student			Description

Itemized Contribution Page Total

\$520.00

\$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 and Theda	Date 09/30/2017	Occupation Executive Chef/Restaurateur/Caterer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Wilson					Description
Address 1020 Reunion Pl SW					
Address2					
City Atlanta					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Jean	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. \$1,250.00	Est. Value \$0.00
Last Name Wilson					Description
Address 1720 Conway Isle Cir					
Address2					
City Belle Isle					
State FL					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
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. \$2,600.00	Est. Value \$0.00
Last Name Wilson					Description
Address 250 10th St NE					
Address2					
City Atlanta					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan

**Itemized Contribution Page Total**

\$3,860.00

\$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 Edith	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. \$25.00	Est. Value \$0.00	
Last Name Woodie						
Address 2325 Wallace Rd SW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
Address2						
City Atlanta						
State GA						Zip 30331-7762
Aff. Comm.						
First Name / Business Name Marian	Date 09/08/2017	Occupation Vice President Human Resources	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Woods						
Address 1220 Lionsgate Dr	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Summit Container Corp				
Address2						
City Conyers						
State GA						Zip 30094-6101
Aff. Comm.						
First Name / Business Name Paul	Date 09/25/2017	Occupation Information 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. \$2,600.00	Est. Value \$0.00	
Last Name Woods						
Address 1121 Dona Ave	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested				
Address2						
City Metairie						
State LA						Zip 70003-5620
Aff. Comm.						

**Itemized Contribution Page Total**

\$2,875.00

\$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 Raymond	Date 09/25/2017	Occupation Information 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. \$2,500.00	Est. Value \$0.00
Last Name Woods					
Address 4208 Bordeaux Dr					
Address2					
City Kenner					
State LA					Zip 70065-1740
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information requested			Description
First Name / Business Name Robert P.	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. \$150.00	Est. Value \$0.00
Last Name Worrill					
Address 2716 Kinnett Dr SW					
Address2					
City Lilburn					
State GA					Zip 30047-5738
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Durham Law Group			Description
First Name / Business Name Elizabeth	Date 07/20/2017	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. \$50.00	Est. Value \$0.00
Last Name Wright					
Address 235 Beaver Falls Pl SW					
Address2					
City Atlanta					
State GA					Zip 30331-8327
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Coke Cola			Description

**Itemized Contribution Page Total**

\$2,700.00

\$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 09/30/2017	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. \$250.00	Est. Value \$0.00
Last Name Wright					
Address 235 Beaver Falls Pl SW					
Address2					
City Atlanta					
State GA					Zip 30331-8327
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Coke Cola			Description
First Name / Business Name Sylvia	Date 07/12/2017	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 Wright					
Address 3084 Arden Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1915
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Peachtree Dermatology			Description
First Name / Business Name Alfred D	Date 09/04/2017	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. \$100.00	Est. Value \$0.00
Last Name Wyatt					
Address 195 Wesley Forest Dr					
Address2					
City Fayetteville					
State GA					Zip 30214-1095
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Private Practice			Description

**Itemized Contribution Page Total**

\$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 Andrea	Date 09/30/2017	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. \$250.00	Est. Value \$0.00
Last Name Wynn					
Address 1224 Utoy Springs Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-2116
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer A & W Realty			
First Name / Business Name Keisha	Date 09/05/2017	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 Wynn					
Address 1999 Cambridge Ave					
Address2					
City College Park					
State GA					Zip 30337-1830
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Kids R Kids Cascade			
First Name / Business Name Dr. Dorothy Cowser	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 Yancy					
Address 1373 Cascade Falls Dr SW					
Address2					
City Atlanta					
State GA					Zip 30311-3657
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**

\$1,250.00

\$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 09/29/2017	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 Yancy					
Address 1525 New Hope Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-7451
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 Angelica	Date 09/18/2017	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 Young					
Address 3488 Woodhaven Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1009
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 Joseph	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. \$4,000.00	Est. Value \$0.00
Last Name Young					
Address 1266 W Paces Ferry Rd NW					
Address2 # 167					
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 Joseph D. Young P.C.			

**Itemized Contribution Page Total**

\$4,750.00

\$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 Rebecca	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. \$10.00	Est. Value \$0.00	
Last Name Young					Description	
Address 1950 Rosecliff 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 Jack and Jill of America, Inc.				
City Atlanta						
State GA						Zip 30329-2756
Aff. Comm.						
First Name / Business Name BETTY, ( B. J.)	Date 09/30/2017	Occupation CAKE BAKERY& SWEET DESERTS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 YOUNGBLOOD					Description	
Address 2519 Rex Ave SW						
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 30331-5229
Aff. Comm.						
First Name / Business Name BETTY, ( B. J.)	Date 09/30/2017	Occupation CAKE BAKERY& SWEET DESERTS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 YOUNGBLOOD					Description	
Address 2519 Rex Ave SW						
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 30331-5229
Aff. Comm.						

Itemized Contribution Page Total

\$30.00

\$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 BETTY, ( B. J.)	Date 09/30/2017	Occupation CAKE BAKERY & SWEET DESERTS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 YOUNGBLOOD						
Address 2519 Rex Ave SW						
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 30331-5229
Aff. Comm.						
First Name / Business Name BETTY, ( B. J.)						Date 09/30/2017
Last Name YOUNGBLOOD						
Address 2519 Rex Ave SW						
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 30331-5229
Aff. Comm.						
First Name / Business Name BETTY, ( B. J.)						Date 09/30/2017
Last Name YOUNGBLOOD						
Address 2519 Rex Ave SW						
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 30331-5229
Aff. Comm.						

**Itemized Contribution Page Total**

\$30.00

\$0.00

## 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.) Derek W		1. 09/08/2017	First Name		1.
Lender Last Name Bottoms		2. \$60,000.00	Last Name		2.
Address 4900 Guilford Forest Dr SW		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 <input type="checkbox"/> 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 30331-9018		State	Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total                     \$60,000.00                    

\*\*\*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           Keisha Lance Bottoms for Mayor          Page   194   of   262

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 103 West	Date 08/09/2017	Occupation	Venue rental	\$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 103 W Paces Ferry Rd NW				
Address2				
City Atlanta				
State GA				
First Name 103 West	Date 09/18/2017	Occupation	Food and beverage	\$41.57
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 103 W Paces Ferry Rd NW				
Address2				
City Atlanta				
State GA				
First Name 4imprint, Inc.	Date 08/02/2017	Occupation	Campaign merchandise	\$2,376.83
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 25303 Network Pl				
Address2				
City Chicago				
State IL				

Page Total \$2,918.40

\* 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 Keisha Lance Bottoms for Mayor

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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 Abundant Life Investment Holding LLC		Date 07/18/2017	Occupation	Rent	\$2,900.00
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 700 Lavaca St					
Address2 Ste 1401					
City Austin					
State TX	Zip 78701-3101				
First Name Abundant Life Investment Holding LLC		Date 08/10/2017	Occupation	Rent	\$2,900.00
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 700 Lavaca St					
Address2 Ste 1401					
City Austin					
State TX	Zip 78701-3101				
First Name Abundant Life Investment Holding LLC		Date 09/14/2017	Occupation	Rent	\$2,900.00
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 700 Lavaca St					
Address2 Ste 1401					
City Austin					
State TX	Zip 78701-3101				

Page Total \$8,700.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Active Network Registration	Date 08/14/2017	Occupation	Subscription	\$160.00
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 717 N Harwood St				
Address2 Ste 2500				
City Dallas				
State TX				
First Name Adrienne J Media	Date 08/02/2017	Occupation	Fees and expense reimbursement	\$8,008.23
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 84 Peachtree St				
Address2				
City Atlanta				
State GA				
First Name ADT	Date 07/07/2017	Occupation	Alarm system	\$45.77
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 563 Memorial Dr SE				
Address2 Unit CU-A				
City Atlanta				
State GA				

Page Total \$8,214.00

\* 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 Keisha Lance Bottoms for Mayor

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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 ADT	Date 09/01/2017	Occupation	Alarm system	\$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 563 Memorial Dr SE				
Address2 Unit CU-A				
City Atlanta				
State GA				
First Name Amazon	Date 07/06/2017	Occupation	Office supplies	\$369.54
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 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 07/10/2017	Occupation	Office supplies	\$99.93
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 81226				
Address2				
City Seattle				
State WA				

Page Total \$569.47

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon	Date 07/10/2017	Occupation	Office supplies - refund	-\$48.95
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 PO Box 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 07/10/2017	Occupation	Office supplies - refund	-\$47.19
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 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 07/17/2017	Occupation	Office supplies	\$5.54
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 81226				
Address2				
City Seattle				
State WA				

Page Total -\$90.60

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon		Date 07/17/2017	Occupation	Office supplies	\$288.80
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 PO Box 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 07/17/2017	Occupation	Office supplies	\$179.99
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 PO Box 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 07/17/2017	Occupation	Office supplies	\$89.28
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 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				

Page Total \$558.07

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon	Date 07/17/2017	Occupation	Office supplies	\$135.75
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 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 07/18/2017	Occupation	Office supplies	\$22.88
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 PO Box 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 08/03/2017	Occupation	Office supplies	\$165.38
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 81226				
Address2				
City Seattle				
State WA				

Page Total \$324.01

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon		Date 08/16/2017	Occupation	Office supplies	\$10.99
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 PO Box 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 08/25/2017	Occupation	Office supplies	\$337.37
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 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 09/01/2017	Occupation	Office supplies	\$49.69
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 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				

Page Total \$398.05

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon		Date 09/05/2017	Occupation	Office supplies	\$59.69
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 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 09/12/2017	Occupation	Office supplies	\$27.21
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 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 09/15/2017	Occupation	Office supplies	\$89.99
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 PO Box 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				

Page Total \$176.89

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon		Date 09/18/2017	Occupation	Office supplies	\$11.53
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 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 09/18/2017	Occupation	Office supplies	\$17.99
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 PO Box 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				
First Name Amazon		Date 09/21/2017	Occupation	Office supplies	\$259.42
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 PO Box 81226					
Address2					
City Seattle					
State WA	Zip 98108-1300				

Page Total \$288.94

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon	Date 09/27/2017	Occupation	Office supplies	\$11.43
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 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/27/2017	Occupation	Office supplies	\$10.12
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 81226				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/27/2017	Occupation	Office supplies	\$241.59
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 81226				
Address2				
City Seattle				
State WA				

Page Total \$263.14

\* 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 Keisha Lance Bottoms for Mayor

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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 Amazon	Date 09/28/2017	Occupation	Office supplies	\$79.81
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 PO Box 81226				
Address2				
City Seattle				
State WA				
First Name America's Choice Portable Toilets	Date 07/25/2017	Occupation	Rental	\$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 2541 County Line Rd SW				
Address2				
City Atlanta				
State GA				
First Name AT&T	Date 07/07/2017	Occupation	Phone service	\$102.00
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 725 W Peachtree St NE				
Address2				
City Atlanta				
State GA				

Page Total \$431.81

\* 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 Keisha Lance Bottoms for Mayor

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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 AT&T	Date 09/01/2017	Occupation	Phone service	\$102.00
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 725 W Peachtree St NE				
Address2				
City Atlanta				
State GA				
First Name Bankcard	Date 07/03/2017	Occupation	Merchant processing fees	\$193.80
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				
Address2				
City				
State				
First Name Bankcard	Date 08/02/2017	Occupation	Merchant processing fees	\$545.12
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 \$840.92

\* 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 Keisha Lance Bottoms for Mayor

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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 Bankcard	Date 09/05/2017	Occupation	Merchant processing fees	\$156.63
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      Zip				
First Name Bankcard	Date 09/18/2017	Occupation	Merchant processing fees	\$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				
Address2				
City				
State      Zip				
First Name Better Letter	Date 08/10/2017	Occupation	Print service	\$21,984.75
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 4231 N Henry Blvd				
Address2				
City Stockbridge				
State      Zip GA      30281-3668				

Page Total      \$22,741.38

\* 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      Keisha Lance Bottoms for Mayor

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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 Better Letter	Date 09/15/2017	Occupation	Print service	\$1,299.55
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 4231 N Henry Blvd				
Address2				
City Stockbridge				
State GA				
First Name Derek W	Date 08/21/2017	Occupation Home Depot	Loan repayment	\$50,000.00
Last Name Bottoms	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Vice President		
Address 4900 Guilford Forest Dr SW				
Address2				
City Atlanta				
State GA				
First Name Keisha L	Date 07/20/2017	Occupation Executive	Computer for campaign	\$0.00
Last Name Bottoms	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Atlanta - Fulton Recreation Authority		<i>Memo:</i> \$794.93
Address 4900 Guilford Forest Dr SW				
Address2				
City Atlanta				
State GA				

Page Total \$51,299.55

\* 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 Keisha Lance Bottoms for Mayor

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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 Staff	Date 07/01/2017	Occupation	Campaign staff wages	\$6,317.50
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				
Address2				
City				
State				
First Name Campaign Staff	Date 07/10/2017	Occupation	Campaign staff wages	\$1,355.95
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				
Address2				
City				
State				
First Name Campaign Staff	Date 07/14/2017	Occupation	Campaign staff wages	\$9,124.50
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				
Address2				
City				
State				

Page Total \$16,797.95

\* 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 Keisha Lance Bottoms for Mayor

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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 Staff		Date 07/28/2017	Occupation	Campaign staff wages	\$9,345.00
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					
Address2					
City					
State	Zip				
First Name Campaign Staff		Date 08/11/2017	Occupation	Campaign staff wages	\$10,980.00
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					
Address2					
City					
State	Zip				
First Name Campaign Staff		Date 08/25/2017	Occupation	Campaign staff wages	\$15,479.25
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					
Address2					
City					
State	Zip				

Page Total \$35,804.25

\* 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 Keisha Lance Bottoms for Mayor

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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 Staff	Date 09/08/2017	Occupation	Campaign staff wages	\$11,290.00
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				
Address2				
City				
State      Zip				
First Name Campaign Staff	Date 09/22/2017	Occupation	Campaign staff wages	\$11,408.00
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				
Address2				
City				
State      Zip				
First Name Candler Park Neighborhood Organization	Date 08/07/2017	Occupation	Event sponsorship	\$772.50
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 1500 McLendon Ave NE				
Address2				
City Atlanta				
State      Zip GA      30307-2131				

Page Total      \$23,470.50

\* 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      Keisha Lance Bottoms for Mayor

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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 Clark Atlanta University	Date 08/30/2017	Occupation	Event sponsorship	\$150.00
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 223 James P Brawley Dr SW				
Address2				
City Atlanta				
State GA		Zip 30314-4358		
First Name Comcast	Date 08/01/2017	Occupation	Phone and internet service	\$758.48
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 1701 John F Kennedy Blvd				
Address2				
City Philadelphia				
State PA		Zip 19103-2833		
First Name Compuchecks	Date 09/05/2017	Occupation	Office supplies	\$112.78
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 20 Robert Pitt Dr				
Address2				
City Monsey				
State NY		Zip 10952-3330		

Page Total \$1,021.26

\* 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 Keisha Lance Bottoms for Mayor

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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 Creative Data Design		Date 07/06/2017	Occupation	Consultant	\$3,000.00
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 565 Regency Park Dr SW					
Address2					
City Atlanta					
State GA	Zip 30331-2070				
First Name Creative Data Design		Date 08/02/2017	Occupation	Consultant	\$3,000.00
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 565 Regency Park Dr SW					
Address2					
City Atlanta					
State GA	Zip 30331-2070				
First Name Creative Data Design		Date 09/05/2017	Occupation	Consultant	\$4,500.00
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 565 Regency Park Dr SW					
Address2					
City Atlanta					
State GA	Zip 30331-2070				

Page Total \$10,500.00

\* 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 Darrell Allen Printing	Date 07/31/2017	Occupation	Printing service	\$3,760.00
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 2015 Martin Luther King Jr Dr SW				
Address2				
City Atlanta				
State GA				
First Name Darrell Allen Printing	Date 09/15/2017	Occupation	Printing service	\$3,800.00
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 2015 Martin Luther King Jr Dr SW				
Address2				
City Atlanta				
State GA				
First Name Darrell Allen Printing	Date 09/27/2017	Occupation	Printing service	\$3,100.00
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 2015 Martin Luther King Jr Dr SW				
Address2				
City Atlanta				
State GA				

Page Total \$10,660.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Delta Airlines		Date 08/28/2017	Occupation	Travel	\$233.20
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 1030 Delta Blvd					
Address2					
City Atlanta					
State GA	Zip 30354-1989				
First Name Delta Airlines		Date 08/28/2017	Occupation	Travel	\$233.20
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 1030 Delta Blvd					
Address2					
City Atlanta					
State GA	Zip 30354-1989				
First Name Delta Airlines		Date 08/28/2017	Occupation	Travel	\$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 1030 Delta Blvd					
Address2					
City Atlanta					
State GA	Zip 30354-1989				

Page Total \$481.40

\* 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 Keisha Lance Bottoms for Mayor

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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 Delta Airlines	Date 08/28/2017	Occupation	Travel	\$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 1030 Delta Blvd				
Address2				
City Atlanta				
State GA				
First Name Delta Airlines	Date 09/25/2017	Occupation	Travel	\$376.40
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 1030 Delta Blvd				
Address2				
City Atlanta				
State GA				
First Name Direct TV	Date 07/07/2017	Occupation	TV service	\$50.00
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				
Address2				
City				
State				

Page Total \$441.40

\* 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 Keisha Lance Bottoms for Mayor

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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 Direct TV		Date 08/01/2017	Occupation	TV service	\$41.48
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					
Address2					
City					
State	Zip				
First Name Direct TV		Date 09/01/2017	Occupation	TV service	\$55.00
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					
Address2					
City					
State	Zip				
First Name Direct TV		Date 09/21/2017	Occupation	TV service	\$55.00
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					
Address2					
City					
State	Zip				

Page Total \$151.48

\* 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 Keisha Lance Bottoms for Mayor

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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 Dove Mailing	Date 08/04/2017	Occupation	Printing service	\$2,012.13
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 5601 Fulton Industrial Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Dove Mailing	Date 09/29/2017	Occupation	Printing service	\$1,401.62
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 5601 Fulton Industrial Blvd SW				
Address2				
City Atlanta				
State GA				
First Name East Atlanta Strut	Date 07/19/2017	Occupation	Event sponsorship	\$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				

Page Total \$3,913.75

\* 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 Keisha Lance Bottoms for Mayor

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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 GA. P. Management	Date 07/03/2017	Occupation	Consultant	\$2,600.00
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				
Address2				
City				
State				
First Name GBMCAA	Date 08/15/2017	Occupation		\$150.00
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				
Address2				
City Boston				
State MA				
First Name Georgia Power	Date 08/28/2017	Occupation	Electric service	\$602.25
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				
Address2				
City				
State				

Page Total \$3,352.25

\* 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 Keisha Lance Bottoms for Mayor

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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 Georgia Power		Date 09/01/2017	Occupation		\$1,436.57
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					
Address2					
City					
State	Zip				
First Name Ginstar Computer Inc.		Date 09/01/2017	Occupation	Office supplies	\$137.70
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 1046 Northside Dr NW					
Address2					
City Atlanta					
State GA	Zip 30318-5427				
First Name GoDaddy		Date 08/01/2017	Occupation	Subscription	\$22.35
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 14455 N Hayden Rd					
Address2 Ste 226					
City Scottsdale					
State AZ	Zip 85260-6993				

Page Total \$1,596.62

\* 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 GoDaddy	Date 08/15/2017	Occupation	Subscription	\$266.26
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 14455 N Hayden Rd				
Address2 Ste 226				
City Scottsdale				
State AZ				
First Name H&T Art Partners	Date 08/07/2017	Occupation		\$575.00
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 100 Centennial Olympic Park Dr SW				
Address2				
City Atlanta				
State GA				
First Name International E-Z	Date 09/29/2017	Occupation	Campaign merchandise	\$1,071.41
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 \$1,912.67

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

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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 Jims Package Store	Date 08/14/2017	Occupation	Event beverages	\$108.00
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				
Address2				
City				
State				
First Name Jims Package Store	Date 08/25/2017	Occupation	Event beverages	\$107.48
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				
Address2				
City				
State				
First Name Alvin	Date 09/25/2017	Occupation Self Employed	Sign reimbursement	\$8,575.00
Last Name Kendall	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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				
Address2				
City				
State				

Page Total \$8,790.48

\* 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 Keisha Lance Bottoms for Mayor

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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 Kenny T's	Date 07/17/2017	Occupation	Campaign merchandise	\$2,316.60
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				
First Name Kenny T's	Date 07/24/2017	Occupation	Campaign merchandise	\$6,696.00
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				
Address2				
City				
State				
First Name Kenny T's	Date 07/31/2017	Occupation	Campaign merchandise	\$378.00
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				
Address2				
City				
State				

Page Total \$9,390.60

\* 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 Keisha Lance Bottoms for Mayor

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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 Kenny T's		Date 08/08/2017	Occupation	Campaign merchandise	\$498.80
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					
Address2					
City					
State	Zip				
First Name Kenny T's		Date 08/25/2017	Occupation	Campaign merchandise	\$10.02
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	Zip				
First Name Kenny T's		Date 08/25/2017	Occupation	Campaign merchandise	\$415.80
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					
Address2					
City					
State	Zip				

Page Total \$924.62

\* 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 Keisha Lance Bottoms for Mayor

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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 Kenny T's		Date 09/01/2017	Occupation	Campaign merchandise	\$2,549.00
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					
Address2					
City					
State	Zip				
First Name Kenny T's		Date 09/06/2017	Occupation	Campaign merchandise	\$2,226.80
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					
Address2					
City					
State	Zip				
First Name Kroger		Date 08/24/2017	Occupation	Campaign supplies	\$36.43
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	Zip				

Page Total \$4,812.23

\* 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 Keisha Lance Bottoms for Mayor

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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 Kroger	Date 08/24/2017	Occupation	Campaign supplies	\$228.33
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				
First Name Kroger	Date 08/28/2017	Occupation	Campaign supplies	\$38.07
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				
First Name Kroger	Date 09/28/2017	Occupation	Campaign supplies	\$66.71
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 \$333.11

\* 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 Keisha Lance Bottoms for Mayor

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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 Lasting Memories, LLC DBA Atlanta Tailgate Lounge Last Name	Date 07/31/2017	Occupation	Consultant	\$932.96
Address 6193 Tennis Dr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Fairburn				
State GA		Zip 30213-1135		
First Name Lasting Memories, LLC DBA Atlanta Tailgate Lounge Last Name	Date 09/18/2017	Occupation	Consultant	\$5,400.00
Address 6193 Tennis Dr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Fairburn				
State GA		Zip 30213-1135		
First Name Marva	Date 07/21/2017	Occupation Self Employed	Expense reimbursement	\$7,562.71
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 MCL & Co		
Address 540 New Haven Ct SW				
Address2				
City Atlanta				
State GA	Zip 30331-9012			

Page Total \$13,895.67

\* 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 Keisha Lance Bottoms for Mayor

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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 Marva	Date 09/01/2017	Occupation Self Employed	Expense reimbursement	\$677.14
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 MCL & Co		
Address 540 New Haven Ct SW				
Address2				
City Atlanta				
State GA				
First Name Marva	Date 09/22/2017	Occupation Self Employed	Expense reimbursement	\$750.00
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 MCL & Co		
Address 540 New Haven Ct SW				
Address2				
City Atlanta				
State GA				
First Name Marva	Date 09/25/2017	Occupation Self Employed	Expense reimbursement	\$10,536.55
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 MCL & Co		
Address 540 New Haven Ct SW				
Address2				
City Atlanta				
State GA				

Page Total \$11,963.69

\* 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 Keisha Lance Bottoms for Mayor

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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 Loews Hotel		Date 09/27/2017	Occupation	Travel	\$207.69
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	Zip				
First Name April		Date 09/05/2017	Occupation Information Requested	Media consultant	\$573.00
Last Name Love		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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					
Address2					
City					
State	Zip				
First Name April		Date 09/12/2017	Occupation Information Requested	Media consultant	\$1,500.00
Last Name Love		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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					
Address2					
City					
State	Zip				

Page Total \$2,280.69

\* 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 Keisha Lance Bottoms for Mayor

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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 Ronnie	Date 08/30/2017	Occupation Self Employed	Maintenance	\$800.00
Last Name Lyons	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Ronnie Lyons		
Address				
Address2				
City				
State      Zip				
First Name MCL & Co.	Date 07/24/2017	Occupation	Consultant	\$9,000.00
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				
Address2				
City				
State      Zip				
First Name MCL & Co.	Date 08/01/2017	Occupation	Consultant	\$9,000.00
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				
Address2				
City				
State      Zip				

Page Total      \$18,800.00

\* 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      Keisha Lance Bottoms for Mayor

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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 MCL & Co.		Date 09/01/2017	Occupation	Consultant	\$9,000.00
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					
Address2					
City					
State	Zip				
First Name metroPCS		Date 07/06/2017	Occupation	Phone service	\$50.00
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					
Address2					
City Atlanta					
State GA	Zip				
First Name metroPCS		Date 07/06/2017	Occupation	Phone service	\$50.00
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					
Address2					
City Atlanta					
State GA	Zip				

Page Total \$9,100.00

\* 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 Keisha Lance Bottoms for Mayor

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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 metroPCS	Date 07/06/2017	Occupation	Phone service	\$50.00
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				
Address2				
City Atlanta				
State GA				
First Name metroPCS	Date 07/06/2017	Occupation	Phone service	\$50.00
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				
Address2				
City Atlanta				
State GA				
First Name metroPCS	Date 08/17/2017	Occupation	Phone service	\$25.00
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				
Address2				
City Atlanta				
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)

Public Officer/Candidate/Other Than Candidate Committee Name Keisha Lance Bottoms for Mayor

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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 metroPCS		Date 08/17/2017	Occupation	Phone service	\$25.00
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					
Address2					
City Atlanta					
State GA	Zip				
First Name metroPCS		Date 09/18/2017	Occupation	Phone service	\$50.00
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					
Address2					
City Atlanta					
State GA	Zip				
First Name metroPCS		Date 09/18/2017	Occupation	Phone service	\$50.00
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					
Address2					
City Atlanta					
State GA	Zip				

Page Total \$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 Keisha Lance Bottoms for Mayor

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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 metroPCS	Date 09/18/2017	Occupation	Phone service	\$50.00
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				
Address2				
City Atlanta				
State GA				
First Name metroPCS	Date 09/18/2017	Occupation	Phone service	\$50.00
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				
Address2				
City Atlanta				
State GA				
First Name Morehouse College	Date 08/15/2017	Occupation	Event sponsorship	\$1,500.00
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				
Address2				
City				
State				

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 Keisha Lance Bottoms for Mayor

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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 Morgan-Brittani		Date 08/01/2017	Occupation	Photographer	\$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					
Address2					
City					
State	Zip				
First Name Morgan-Brittani		Date 08/22/2017	Occupation	Photographer	\$150.00
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					
Address2					
City					
State	Zip				
First Name Morgan-Brittani		Date 08/30/2017	Occupation	Photographer	\$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					
Address2					
City					
State	Zip				

Page Total \$350.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Morgan-Brittani		Date 09/07/2017	Occupation	Photographer	\$50.00
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					
Address2					
City					
State	Zip				
First Name Mother's Legacy		Date 08/31/2017	Occupation	Event sponsorship	\$350.00
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					
Address2					
City					
State	Zip				
First Name Municipal Clerk		Date 08/18/2017	Occupation	Fees	\$5,529.00
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 55 Trinity Ave SW					
Address2					
City Atlanta					
State GA	Zip 30303-3520				

Page Total \$5,929.00

\* 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 Keisha Lance Bottoms for Mayor

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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 NGPVAN	Date 07/27/2017	Occupation	Software subscription	\$2,500.00
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 1445 New York Ave NW				
Address2 Ste 200				
City Washington				
State DC				
First Name NGPVAN	Date 08/07/2017	Occupation	Software subscription	\$50.00
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 1445 New York Ave NW				
Address2 Ste 200				
City Washington				
State DC				
First Name NGPVAN	Date 08/07/2017	Occupation	Software subscription	\$150.00
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 1445 New York Ave NW				
Address2 Ste 200				
City Washington				
State DC				

Page Total \$2,700.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Office Depot		Date 07/27/2017	Occupation	Office supplies	\$128.83
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	Zip				
First Name Office Depot		Date 07/27/2017	Occupation	Office supplies	\$29.61
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					
Address2					
City					
State	Zip				
First Name Office Depot		Date 08/18/2017	Occupation	Office supplies	\$250.45
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					
Address2					
City					
State	Zip				

Page Total \$408.89

\* 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 Oops Lisa Pope LLC	Date 09/26/2017	Occupation	Consultant	\$882.00
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 507 Reed St SE				
Address2				
City Atlanta				
State GA		Zip 30312-2874		
First Name Piper & Co., LLC	Date 07/03/2017	Occupation	Consultant	\$6,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA		Zip 30326-2825		
First Name Piper & Co., LLC	Date 07/14/2017	Occupation	Consultant	\$3,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA		Zip 30326-2825		

Page Total \$9,882.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Piper & Co., LLC	Date 07/24/2017	Occupation	Expense reimbursement	\$574.88
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA				
First Name Piper & Co., LLC	Date 07/28/2017	Occupation	Consultant	\$3,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA				
First Name Piper & Co., LLC	Date 08/15/2017	Occupation	Consultant	\$3,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA				

Page Total \$6,574.88

\* 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 Keisha Lance Bottoms for Mayor

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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 Piper & Co., LLC	Date 08/25/2017	Occupation	Consultant	\$3,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA				
First Name Piper & Co., LLC	Date 09/08/2017	Occupation	Consultant	\$3,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA				
First Name Piper & Co., LLC	Date 09/25/2017	Occupation	Consultant	\$3,000.00
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 3399 Peachtree Rd NE				
Address2 Ste 400				
City Atlanta				
State GA				

Page Total \$9,000.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Pitney Bowes		Date 07/21/2017	Occupation	Postage	\$503.50
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 3001 Summer St					
Address2					
City Stamford					
State CT	Zip 06905-4317				
First Name Pitney Bowes		Date 07/31/2017	Occupation	Postage	\$92.39
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 3001 Summer St					
Address2					
City Stamford					
State CT	Zip 06905-4317				
First Name Publix		Date 08/21/2017	Occupation	Campaign supplies	\$87.28
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 3695 Cascade Rd SW					
Address2					
City Atlanta					
State GA	Zip 30331-2173				

Page Total \$683.17

\* 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 Keisha Lance Bottoms for Mayor

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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		Date 08/28/2017	Occupation	Campaign supplies	\$58.18
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 3695 Cascade Rd SW					
Address2					
City Atlanta					
State GA	Zip 30331-2173				
First Name Publix		Date 08/29/2017	Occupation	Campaign supplies	\$85.28
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 3695 Cascade Rd SW					
Address2					
City Atlanta					
State GA	Zip 30331-2173				
First Name Publix		Date 08/30/2017	Occupation	Campaign supplies	\$90.83
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 3695 Cascade Rd SW					
Address2					
City Atlanta					
State GA	Zip 30331-2173				

Page Total \$234.29

\* 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 Keisha Lance Bottoms for Mayor

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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 Purchase Power	Date 07/24/2017	Occupation	Postage	\$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 3001 Summer St				
Address2				
City Stamford				
State CT				
First Name Purchase Power	Date 08/14/2017	Occupation	Postage	\$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 3001 Summer St				
Address2				
City Stamford				
State CT				
First Name Qgiv	Date 07/05/2017	Occupation	Merchant processing fees	\$59.35
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 207 Bartow Rd				
Address2				
City Lakeland				
State FL				

Page Total \$1,059.35

\* 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 Qgiv	Date 08/02/2017	Occupation	Merchant processing fees	\$59.00
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 207 Bartow Rd				
Address2				
City Lakeland				
State FL				
First Name Qgiv	Date 09/05/2017	Occupation	Merchant processing fees	\$63.93
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 207 Bartow Rd				
Address2				
City Lakeland				
State FL				
First Name Regency Park HOA	Date 08/17/2017	Occupation	Venue rental	\$200.00
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				
Address2				
City				
State				

Page Total \$322.93

\* 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 Keisha Lance Bottoms for Mayor

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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 Sam's Club		Date 07/10/2017	Occupation	Campaign supplies	\$103.95
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					
Address2					
City					
State	Zip				
First Name Scana Energy		Date 07/18/2017	Occupation	Gas service	\$31.82
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 3344 Peachtree Rd NE					
Address2 Ste 2150					
City Atlanta					
State GA	Zip 30326-4808				
First Name Scana Energy		Date 09/01/2017	Occupation	Gas service	\$34.56
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 3344 Peachtree Rd NE					
Address2 Ste 2150					
City Atlanta					
State GA	Zip 30326-4808				

Page Total \$170.33

\* 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 Keisha Lance Bottoms for Mayor

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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
<div style="display: flex; flex-direction: column;"> <div>First Name Scana Energy</div> <div>Last Name</div> <div>Address 3344 Peachtree Rd NE</div> <div>Address2 Ste 2150</div> <div>City Atlanta</div> <div style="display: flex;"> <div style="flex: 1;">State GA</div> <div style="flex: 1;">Zip 30326-4808</div> </div> </div>	<div style="display: flex; flex-direction: column;"> <div>Date 09/21/2017</div> <div> <input checked="" type="checkbox"/> Expenditure  <input type="checkbox"/> In-kind  <input type="checkbox"/> Loan Repayment  <input type="checkbox"/> Refund  <input type="checkbox"/> Reimbursement  <input type="checkbox"/> Credit Card  <input type="checkbox"/> 3rd Party  <input type="checkbox"/> Deferred Payment  <input type="checkbox"/> Payment on Deferred Expense  <input type="checkbox"/> Investment </div> </div>	<div style="display: flex; flex-direction: column;"> <div>Occupation</div> <div>Employer</div> </div>	Gas service	\$45.98
<div style="display: flex; flex-direction: column;"> <div>First Name Southwest Airlines</div> <div>Last Name</div> <div>Address</div> <div>Address2</div> <div>City</div> <div style="display: flex;"> <div style="flex: 1;">State</div> <div style="flex: 1;">Zip</div> </div> </div>	<div style="display: flex; flex-direction: column;"> <div>Date 08/10/2017</div> <div> <input checked="" type="checkbox"/> Expenditure  <input type="checkbox"/> In-kind  <input type="checkbox"/> Loan Repayment  <input type="checkbox"/> Refund  <input type="checkbox"/> Reimbursement  <input type="checkbox"/> Credit Card  <input type="checkbox"/> 3rd Party  <input type="checkbox"/> Deferred Payment  <input type="checkbox"/> Payment on Deferred Expense  <input type="checkbox"/> Investment </div> </div>	<div style="display: flex; flex-direction: column;"> <div>Occupation</div> <div>Employer</div> </div>	Travel	\$402.95
<div style="display: flex; flex-direction: column;"> <div>First Name Staples</div> <div>Last Name</div> <div>Address</div> <div>Address2</div> <div>City</div> <div style="display: flex;"> <div style="flex: 1;">State</div> <div style="flex: 1;">Zip</div> </div> </div>	<div style="display: flex; flex-direction: column;"> <div>Date 09/22/2017</div> <div> <input checked="" type="checkbox"/> Expenditure  <input type="checkbox"/> In-kind  <input type="checkbox"/> Loan Repayment  <input type="checkbox"/> Refund  <input type="checkbox"/> Reimbursement  <input type="checkbox"/> Credit Card  <input type="checkbox"/> 3rd Party  <input type="checkbox"/> Deferred Payment  <input type="checkbox"/> Payment on Deferred Expense  <input type="checkbox"/> Investment </div> </div>	<div style="display: flex; flex-direction: column;"> <div>Occupation</div> <div>Employer</div> </div>	Office supplies	\$109.44

Page Total \$558.37

\* 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 Keisha Lance Bottoms for Mayor

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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 Stop & Shop	Date 08/14/2017	Occupation	Campaign supplies	\$178.39	
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					Zip
First Name The Campaign Group					Date 09/07/2017
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 1600 Locust St					
Address2					
City Philadelphia					
State PA					Zip 19103-6305
First Name The Campaign Group					Date 09/07/2017
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 1600 Locust St					
Address2					
City Philadelphia					
State PA					Zip 19103-6305

Page Total \$30,178.39

\* 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 Keisha Lance Bottoms for Mayor

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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 The Campaign Group	Date 09/13/2017	Occupation	Consultant	\$40,000.00
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 1600 Locust St				
Address2				
City Philadelphia				
State PA				
First Name The Campaign Group	Date 09/22/2017	Occupation	Consultant	\$30,000.00
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 1600 Locust St				
Address2				
City Philadelphia				
State PA				
First Name Theory Communications	Date 07/03/2017	Occupation	Consultant	\$150.00
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 2924 Clairmont Rd NE				
Address2 Apt 334				
City Brookhaven				
State GA				

Page Total \$70,150.00

\* 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**  
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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 Tisbury Printing	Date 08/18/2017	Occupation	Printing	\$1,317.50
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				
Address2				
City				
State      Zip				
First Name United States Postal Service	Date 07/27/2017	Occupation	Postage	\$47.50
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 2260 Fairburn Rd SW				
Address2				
City Atlanta				
State      Zip GA      30331-5014				
First Name United States Postal Service	Date 08/07/2017	Occupation	Postage	\$23.75
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 2260 Fairburn Rd SW				
Address2				
City Atlanta				
State      Zip GA      30331-5014				

Page Total      \$1,388.75

\* 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      Keisha Lance Bottoms for Mayor

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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 Viator	Date 09/26/2017	Occupation	Travel	\$62.50
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				
Address2				
City				
State				
First Name Viator	Date 09/26/2017	Occupation	Travel	\$62.50
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				
Address2				
City				
State				
First Name Vineyard Gazette	Date 08/16/2017	Occupation	Advertising	\$522.50
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				
Address2				
City				
State				

Page Total \$647.50

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

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### 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 VR Research, Inc.	Date 08/24/2017	Occupation	Consultant	\$16,177.82
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				
Address2				
City				
State				
First Name Walmart	Date 07/11/2017	Occupation	Campaign supplies	\$23.35
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 1105 Research Center Atlanta D				
Address2				
City Atlanta				
State GA				
First Name Walmart	Date 07/11/2017	Occupation	Campaign supplies	\$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 1105 Research Center Atlanta D				
Address2				
City Atlanta				
State GA				

Page Total \$16,301.17

\* 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 Walmart		Date 07/12/2017	Occupation	Campaign supplies	\$86.55
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 1105 Research Center Atlanta D					
Address2					
City Atlanta					
State GA	Zip 30331				
First Name Walmart		Date 07/13/2017	Occupation	Campaign supplies	\$45.90
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 1105 Research Center Atlanta D					
Address2					
City Atlanta					
State GA	Zip 30331				
First Name Walmart		Date 07/13/2017	Occupation	Campaign supplies	\$55.89
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 1105 Research Center Atlanta D					
Address2					
City Atlanta					
State GA	Zip 30331				

Page Total \$188.34

\* 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 Walmart	Date 08/21/2017	Occupation	Campaign supplies	\$97.38
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 1105 Research Center Atlanta D				
Address2				
City Atlanta				
State GA				
First Name Walmart	Date 08/25/2017	Occupation	Campaign supplies	\$23.04
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 1105 Research Center Atlanta D				
Address2				
City Atlanta				
State GA				
First Name Walmart	Date 08/30/2017	Occupation	Campaign supplies	\$13.58
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 1105 Research Center Atlanta D				
Address2				
City Atlanta				
State GA				

Page Total \$134.00

\* 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 Walmart		Date 09/19/2017	Occupation	Campaign supplies	\$200.70
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 1105 Research Center Atlanta D					
Address2					
City Atlanta					
State GA	Zip 30331				
First Name Walmart		Date 09/19/2017	Occupation	Campaign supplies	\$7.36
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 1105 Research Center Atlanta D					
Address2					
City Atlanta					
State GA	Zip 30331				
First Name Wells Fargo		Date 07/10/2017	Occupation	Bank fees	\$12.00
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					
Address2					
City					
State	Zip				

Page Total \$220.06

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

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**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 Wells Fargo		Date 07/24/2017	Occupation	Bank fees	\$12.00
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					
Address2					
City					
State	Zip				
First Name Wells Fargo		Date 07/31/2017	Occupation	Bank fees	\$10.00
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					
Address2					
City					
State	Zip				
First Name Wells Fargo		Date 08/08/2017	Occupation	Bank fees	\$3.00
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					
Address2					
City					
State	Zip				

Page Total \$25.00

\* 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 Wells Fargo		Date 09/07/2017	Occupation	Bank fees	\$30.00
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					
Address2					
City					
State	Zip				
First Name Wells Fargo		Date 09/07/2017	Occupation	Bank fees	\$30.00
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					
Address2					
City					
State	Zip				
First Name Wells Fargo		Date 09/11/2017	Occupation	Bank fees	\$3.00
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					
Address2					
City					
State	Zip				

Page Total \$63.00

\* 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 Keisha Lance Bottoms for Mayor

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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 Wells Fargo		Date 09/13/2017	Occupation	Bank fees	\$30.00
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					
Address2					
City					
State	Zip				
First Name Wells Fargo		Date 09/22/2017	Occupation	Bank fees	\$30.00
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					
Address2					
City					
State	Zip				
First Name Wells Fargo		Date 09/28/2017	Occupation	Bank fees	\$24.00
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					
Address2					
City					
State	Zip				

Page Total                     \$84.00                    

\* 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 Phillana	Date 07/10/2017	Occupation Information Requested	Consultant	\$5,000.00
Last Name Williams	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind	Employer Information Requested		
Address	<input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund			
Address2	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
City	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
State      Zip	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
First Name Phillana	Date 08/01/2017	Occupation Information Requested	Consultant	\$5,000.00
Last Name Williams	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind	Employer Information Requested		
Address	<input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund			
Address2	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
City	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
State      Zip	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
First Name Phillana	Date 09/01/2017	Occupation Information Requested	Consultant	\$5,000.00
Last Name Williams	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind	Employer Information Requested		
Address	<input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund			
Address2	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
City	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
State      Zip	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			

Page Total      \$15,000.00

\* 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      Keisha Lance Bottoms for Mayor

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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 Xpowered	Date 08/11/2017	<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	Alarm system	\$500.00
Last Name			Employer		
Address					
Address2					
City					
State	Zip				

Page Total \$500.00

\* 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 Keisha Lance Bottoms for Mayor

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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.