

<h2 style="margin: 0;">Campaign Contribution Disclosure Report</h2> <h3 style="margin: 0;">Georgia Government Transparency and Campaign Finance Commission</h3> <p style="margin: 0; font-size: 0.9em;">200 Piedmont Avenue S.E. Suite 1402 West Tower Atlanta, GA 30334 404-463-1980 www.ethics.ga.gov</p>											
1. Report Type (Select One) <input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of: (Select One) <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Candidate or Public Official</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Office Held or Sought</div> <div>Mayor of Atlanta</div> </div> <div style="text-align: center; font-size: 0.7em; margin-bottom: 5px;">(Include county, municipality, district, post, or judicial circuit)</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Filer ID</div> <div>C2016000823</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Report of Organization or Person Other than Candidate's Campaign Committee</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Committee Name:</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Filer ID</div> <div>_____</div> </div>		Filing office use Only Use Earlier of Post Mark or Hand Delivered Date								
3. Identifying and Contact Information											
(1) <u>Ceasar C. Mitchell</u> <i>Full Name of Candidate or Other Than Candidate Campaign Committee</i>		(2) <u>10/06/2017</u> <i>Today's Date</i>									
(3) _____ <i>Mailing Address</i>		<div style="display: flex; justify-content: space-between;"> <div>Atlanta</div> <div>GA</div> <div>30302</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div>									
(4) _____ and / or _____ <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Primary Contact Phone Number</div> <div>E-Mail</div> </div>											
(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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
(6) If so, is the Committee registered with the State Ethics Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
(7) If so, complete the following: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;">Name of Committee Chairperson</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;">Name of Committee Treasurer</td> </tr> </table>				Name of Committee Chairperson	Name of Committee Treasurer						
Name of Committee Chairperson	Name of Committee Treasurer										
4. Period for which you are Reporting <div style="text-align: center; font-size: 0.8em; margin-bottom: 5px;">You Must Check Only One Box</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">My Non Election Year</th> <th style="width: 20%;">My Election Year</th> <th style="width: 20%;">Run-Offs</th> <th style="width: 40%;">Special Elections</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> January 31, <u>2017</u> (year) <input type="checkbox"/> June 30, <u>2017</u> (year) Supplemental Reporting <input type="checkbox"/> June 30, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small> </td> <td style="vertical-align: top; padding: 5px;"> <input checked="" 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 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) </td> <td style="vertical-align: top; padding: 5px;"> <small>(Report required only if you are in a Run-Off Election)</small> <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) </td> <td style="vertical-align: top; padding: 5px;"> <small>(Report required only if you are in a Special Election)</small> <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) </td> </tr> </tbody> </table>				My Non Election Year	My Election Year	Run-Offs	Special Elections	<input type="checkbox"/> January 31, <u>2017</u> (year) <input type="checkbox"/> June 30, <u>2017</u> (year) Supplemental Reporting <input type="checkbox"/> June 30, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input checked="" 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 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)	<small>(Report required only if you are in a Run-Off Election)</small> <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)	<small>(Report required only if you are in a Special Election)</small> <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)
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<div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">Verification by Oath or Affirmation</div> <div style="display: flex; justify-content: space-between;"> <div>State of _____</div> <div>County of _____</div> </div> <p>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.</p> <p>Sworn to and subscribed before me on _____, 20____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature of Notary Public _____</div> <div>Commission Expiration _____</div> <div style="width: 30%;"> a. Signature of Candidate _____ b. Organization/Chairperson/Treasurer _____ </div> </div>											

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.	\$6,441.99	\$1,699,085.79
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$494.10	\$235,832.22
3a	All loans received this reporting period.		\$150,000.00
3b	Interest earned on campaign account this reporting period.		\$0.00
3c	Total amount of investments sold this reporting period.		\$0.00
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of less than \$100.00 received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	\$0.00	\$2,644.00
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4).	\$494.10	\$388,476.22
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$6,936.09	\$2,087,562.01

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	\$1,169,744.12
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$458,627.19
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	\$3,684.41
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$462,311.60
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$1,632,055.72

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)		\$455,506.29
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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.		\$0.00
2	Loans received this reporting period		\$150,000.00
3	Deferred payment of expenses this reporting period		\$0.00
4	Payments made on loans this reporting period		\$0.00
5	Credits received on loans this reporting period		\$0.00
6	Payments this reporting period on previously deferred expenses		\$0.00
7	Total indebtedness at the close of this reporting period (Line 1 + 2 + 3 - 4 - 5 - 6)		\$150,000.00

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

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name 12:53 Entertainment	Date 09/17/2017	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 6850 Ptrndy Rd						
Address2 Apt 1410	<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 30328-6734
Aff. Comm.						
First Name / Business Name 3 Diamond Developments LLC	Date 09/07/2017	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 6677 N Lincoln Ave						
Address2 Ste 400	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City Lincolnwood						
State IL						Zip 60712-3634
Aff. Comm.						
First Name / Business Name 50 Hurt LLC C/O	Date 08/21/2017	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. \$4,000.00	Est. Value \$0.00	
Last Name					Description	
Address 1111 Pasquinelli Dr						
Address2 Ste 100	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City Westmont						
State IL						Zip 60559-1241
Aff. Comm.						

Itemized Contribution Page Total

\$6,250.00

\$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 Billye	Date 08/20/2017	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. \$2,500.00	Est. Value \$0.00	
Last Name Aaron						
Address 1611 Adams 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 30311-3625
Aff. Comm.						
First Name / Business Name Accolades INC	Date 08/20/2017	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 3081 Holcomb Bridge 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 Norcross						
State GA						Zip 30071-1339
Aff. Comm.						
First Name / Business Name Luther	Date 09/27/2017	Occupation Physician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Adair						
Address 1500 Canyon Ledge Ct						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Summit Radiology, PC			Description	
City Las Vegas						
State NV						Zip 89117-1491
Aff. Comm.						

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 Earl	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 Adams					
Address 12603 Lagrange Ct					
Address2					
City Fort Washington					
State MD					Zip 20744-6417
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Saul Ewing LLP			Description
First Name / Business Name Keith	Date 07/01/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Adams					
Address 1899 Chedworth Ct					
Address2					
City Stone Mountain					
State GA					Zip 30087-2130
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Keith Adams & Associates, LLC			Description
First Name / Business Name Babafemi	Date 09/29/2017	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 Adesanya					
Address 1236 Mistwater Trce					
Address2					
City Lawrenceville					
State GA					Zip 30043-4796
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Environmental Equity Information Institute			Description

Itemized Contribution Page Total

\$850.00

\$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 Syed F.	Date 08/30/2017	Occupation President and CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,500.00	Est. Value \$0.00
Last Name Ahamed					
Address 3552 Allee Elm Dr					
Address2					
City Alpharetta					
State GA					Zip 30022-3248
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer V Dart			
First Name / Business Name Bisa F.	Date 08/14/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Ajanaku					
Address 1472 Pine St NW					
Address2					
City Atlanta					
State GA					Zip 30309-2250
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Grady Health System			
First Name / Business Name Diometra	Date 09/29/2017	Occupation Director of Corporate Management & Strategic Initiatives	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Aldridge					
Address					
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 CERM			

Itemized Contribution Page Total

\$3,750.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions		
	Received Date Contribution Type*	Occupation & Employer			Estimated Value		
					Description		
First Name / Business Name James	Date 08/04/2017	Occupation 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 Allen Jr.							
Address 2610 Martin Luther King Jr Dr SW							
Address2 Apt B07					<input checked="" type="checkbox"/> Monetary	Employer Requested	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30311-1624					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Mignon	Date 09/21/2017	Occupation Consultant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00		
Last Name Allen							
Address 1777 Phoenix Pkwy							
Address2 Ste 306					<input checked="" type="checkbox"/> Monetary	Employer Dovetail Consulting	
City College Park					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30349-5444					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Tangee Latonya	Date 08/21/2017	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. \$20.00	Est. Value \$0.00		
Last Name Allen							
Address 584 Martin St SE							
Address2					<input checked="" type="checkbox"/> Monetary	Employer Rising Expectations	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30312-2937					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							

Itemized Contribution Page Total

\$620.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Wilford	Date 09/21/2017	Occupation Consultant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Allen					
Address 772 Chapman St					
Address2					
City Jonesboro					
State GA					Zip 30238-5682
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dovetail Consulting			Description
First Name / Business Name L'Tanya	Date 09/29/2017	Occupation Executive Admin to Managing Director	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Allen-Hall					
Address 4021 McGinnis Ferry Rd					
Address2					
City Suwanee					
State GA					Zip 30024-8311
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CERM			Description
First Name / Business Name Anne	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. \$100.00	Est. Value \$0.00
Last Name Allison					
Address 2971 Tejas Trl SW					
Address2					
City Atlanta					
State GA					Zip 30331-2813
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Hampton University			Description

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 Donna	Date 07/21/2017	Occupation Philanthropist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Allman					
Address 2661 Orchard Run SE					
Address2					
City Atlanta					
State GA					Zip 30339-4651
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 Derrick	Date 09/12/2017	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. \$250.00	Est. Value \$0.00
Last Name Alridge					
Address 4523 Briarwood Dr					
Address2					
City Charlottesville					
State VA					Zip 22911-8394
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer University of Virginia			Description
First Name / Business Name Evan M.	Date 08/02/2017	Occupation Attorney and 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 Altman					
Address 8325 Dunwoody Pl					
Address2 Bldg 2					
City Atlanta					
State GA					Zip 30350-3307
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Law Office of Evan M. Altman			Description

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 Heather	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. \$200.00	Est. Value \$0.00
Last Name Ancrum					
Address 7591 Hilltop Way					
Address2					
City College Park					
State GA					Zip 30349-7961
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 Housing Authority			Description
First Name / Business Name Rob Smith	Date 08/09/2017	Occupation Realtor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name And Associates					
Address 474 Park Ave SE					
Address2					
City Atlanta					
State GA					Zip 30312-3452
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Rob Smith and Assoc.			Description
First Name / Business Name Carl E.	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. \$250.00	Est. Value \$0.00
Last Name Anderson					
Address 3729 Landau Ln SW					
Address2					
City Atlanta					
State GA					Zip 30331-2238
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Law Office of Carl E. Anderson			Description

Itemized Contribution Page Total

\$950.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Fernandez	Date 09/27/2017	Occupation Settlement 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 Anderson					
Address 1660 Kingsley Ct					
Address2 Ste 100	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Majestics Settlement Consultants			Description
City Lawrenceville					
State GA				Zip 30043-7123	
Aff. Comm.					
First Name / Business Name Kim E.	Date 09/19/2017	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 Anderson					
Address 546 McGill PI NE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description
City Atlanta					
State GA				Zip 30312-1071	
Aff. Comm.					
First Name / Business Name Richard	Date 07/14/2017	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 Anderson					
Address 15 Barley Sheaf Rd					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Princeton Theological Seminary			Description
City Flemington					
State NJ				Zip 08822-3187	
Aff. Comm.					

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 Carol	Date 08/24/2017	Occupation Executive 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 Archer					
Address 164 W 133rd St					
Address2 Unit 1					
City New York					
State NY					Zip 10030-3302
Aff. Comm.					
First Name / Business Name Stephen H.	Date 09/30/2017	Occupation Real Estate Development	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$350.00	Est. Value \$0.00
Last Name Arms					
Address 9775 Hunt Club Way					
Address2					
City Alpharetta					
State GA					Zip 30022-7196
Aff. Comm.					
First Name / Business Name Jordan	Date 09/28/2017	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. \$200.00	Est. Value \$0.00
Last Name Arogeti					
Address 240 Spalding Springs Ln					
Address2					
City Atlanta					
State GA					Zip 30350-4110
Aff. Comm.					

Itemized Contribution Page Total

\$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 Michelle	Date 08/18/2017	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 Arrington						
Address 1714 Glenview 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 Fulton County			Description	
City Atlanta						
State GA						Zip 30331-2308
Aff. Comm.						
First Name / Business Name Porsche	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. \$200.00	Est. Value \$0.00	
Last Name Austin						
Address 4480 S Cobb Dr SE						
Address2 Ste H-311	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Baker & Hostetler LLP			Description	
City Smyrna						
State GA						Zip 30080-6990
Aff. Comm.						
First Name / Business Name Nicole	Date 07/17/2017	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 Avant						
Address 611 S Muirfield Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			Description	
City Los Angeles						
State CA						Zip 90005-3832
Aff. Comm.						

Itemized Contribution Page Total

\$2,900.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions		
	Received Date Contribution Type*	Occupation & Employer			Estimated Value		
					Description		
First Name / Business Name B. King's Audio-Visual Services	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. \$2,600.00	Est. Value \$0.00		
Last Name							
Address 3175 Thrasher Cir							
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 Decatur							
State GA							Zip 30032-6731
Aff. Comm.							
First Name / Business Name Carl	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. \$100.00	Est. Value \$0.00		
Last Name Bacon							
Address 280 8th St NE							
Address2 Apt 2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer AT&T	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Description	
City Atlanta							
State GA							Zip 30309-4276
Aff. Comm.							
First Name / Business Name Joyce	Date 08/20/2017	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. \$200.00	Est. Value \$0.00		
Last Name Bacote							
Address 280 Fielding 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 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 30311-2046
Aff. Comm.							

Itemized Contribution Page Total

\$2,900.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Baltimore Crab & Seafood/Pearl LLC	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. \$500.00	Est. Value \$0.00	
Last Name					Description	
Address 253 Peters St SW						
Address2						
City Atlanta						
State GA						Zip 30313-1229
Aff. Comm.						
First Name / Business Name Joe	Date 07/03/2017	Occupation Teacher	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$20.00	Est. Value \$0.00	
Last Name Barker II					Description	
Address 3250 Kingsdale Dr SW						
Address2						
City Atlanta						
State GA						Zip 30311-3639
Aff. Comm.						
First Name / Business Name Joe	Date 08/03/2017	Occupation Teacher	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$20.00	Est. Value \$0.00	
Last Name Barker II					Description	
Address 3250 Kingsdale Dr SW						
Address2						
City Atlanta						
State GA						Zip 30311-3639
Aff. Comm.						

Itemized Contribution Page Total

\$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 Joe	Date 09/03/2017	Occupation Teaacher	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Barker II						
Address 3250 Kingsdale 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 Cristo Rey Atlanta Jesuit High School			Description	
City Atlanta						
State GA						Zip 30311-3639
Aff. Comm.						
First Name / Business Name Marcellus	Date 09/30/2017	Occupation Professor and 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 Barksdale						
Address 975 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 Morehouse College			Description	
City Atlanta						
State GA						Zip 30331-6348
Aff. Comm.						
First Name / Business Name Marcus	Date 08/14/2017	Occupation Corporate Compliance	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Beasley						
Address 7652 Sawmill Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Shire			Description	
City Dublin						
State OH						Zip 43016-9296
Aff. Comm.						

Itemized Contribution Page Total

\$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 Bender Benefits & Insurance Services Inc Last Name Address 46 Peninsula Ctr Address2 Ste E City Rolling Hills Estates State CA Zip 90274-3562 Aff. Comm.	Date 08/31/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,600.00	Est. Value \$0.00 Description
First Name / Business Name Ray Last Name Benitez Address 3433 Havalyn Ln Address2 City Atlanta State GA Zip 30340-1911 Aff. Comm.	Date 09/26/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Associate Broker and Actot Employer My Midtown Mojo	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Description
First Name / Business Name Natalie Last Name Bernstein Address 2130 E Lake Rd NE Address2 City Atlanta State GA Zip 30307-1836 Aff. Comm.	Date 09/17/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation School Librarian Employer Paideia 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. \$1,000.00	Est. Value \$0.00 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 J Veronica	Date 07/19/2017	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 Biggins					
Address 1301 Peachtree St NE					
Address2 3F					
City Atlanta					
State GA					Zip 30309-3503
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Diversified Search			Description
First Name / Business Name Ken	Date 07/31/2017	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. \$2,000.00	Est. Value \$0.00
Last Name Blankenship					
Address 3715 Northside Pkwy NW					
Address2 bldg 200 suite 175					
City Atlanta					
State GA					Zip 30327-2886
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Prestwick Companies			Description
First Name / Business Name Ted	Date 09/29/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Blum					
Address 7635 S Spalding Lake Dr					
Address2					
City Atlanta					
State GA					Zip 30350-1047
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Greenberg Traurig			Description

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 Lisa	Date 08/28/2017	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. \$250.00	Est. Value \$0.00
Last Name Bonner					
Address 2625 Piedmont Rd NE					
Address2					
City Atlanta					
State GA					Zip 30324-3086
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bonner Law			
First Name / Business Name James	Date 09/05/2017	Occupation Developer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Borders					
Address 817 W Peachtree St NE					
Address2					
City Atlanta					
State GA					Zip 30308-1121
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Novare Group			
First Name / Business Name Brian A.	Date 09/28/2017	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 Boulware					
Address 165 Berry Hill Ln					
Address2					
City Tyrone					
State GA					Zip 30290-1696
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed			

Itemized Contribution Page Total

\$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 DuBois	Date 08/28/2017	Occupation Chairman	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Bowman					
Address 2828 Broadway					
Address2 # 6A					
City New York					
State NY					Zip 10025-2244
Aff. Comm.					
First Name / Business Name Jovaun	Date 08/28/2017	Occupation Underwriter	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Boyd					
Address 1338 Chestnut St					
Address2 Apt 1009					
City Philadelphia					
State PA					Zip 19107-4511
Aff. Comm.					
First Name / Business Name Justine Norman	Date 09/19/2017	Occupation Regional Development 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 Boyd					
Address 229 Peachtree St NE					
Address2					
City Atlanta					
State GA					Zip 30303-1601
Aff. Comm.					

Itemized Contribution Page Total

\$1,200.00

\$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 Tanya Sukari	Date 08/20/2017	Occupation Teacher	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Brame					
Address 3302 Dogwood Dr					
Address2 Unit 326					
City Hapeville					
State GA					Zip 30354-1480
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 School District			Description
First Name / Business Name John V.	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. \$2,000.00	Est. Value \$0.00
Last Name Brewer II					
Address 615 Belmont Crest Dr SE					
Address2					
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 Bronner Bothers Company	Date 08/31/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name					
Address 4200 Wendell Dr SW					
Address2					
City Atlanta					
State GA					Zip 30336-1621
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contribution Page Total

\$4,701.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions		
	Received Date Contribution Type*	Occupation & Employer			Estimated Value		
					Description		
First Name / Business Name Bronner Bothers Company	Date 08/31/2017	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 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 4200 Wendell 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 30336-1621
Aff. Comm.							
First Name / Business Name Don B.	Date 09/26/2017	Occupation Commercial 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 Brooks							
Address 285 Traditions Dr							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Self Employed			
City Alpharetta							
State GA							Zip 30004-5417
Aff. Comm.							
First Name / Business Name Marc B.	Date 09/07/2017	Occupation Chief Executive Officer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00		
Last Name Brooks							
Address 17 N Loomis St							
Address2 Ste 1A		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Hyde Park Hospitality			
City Chicago							
State IL							Zip 60607-1914
Aff. Comm.							

Itemized Contribution Page Total

\$1,900.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions			
	Received Date Contribution Type*	Occupation & Employer			Estimated Value			
					Description			
First Name / Business Name Ruben J.	Date 09/05/2017	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 Brooks								
Address 134 Richardson 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 U.S. Department of Housing & Urban Development (HUD)			Description	
City Atlanta								
State GA								Zip 30312-2918
Aff. Comm.								
First Name / Business Name Lolita	Date 07/14/2017	Occupation Region External Affairs 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 Browning Jackson								
Address 5493 Stone Cove 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 Georgia Power Company			Description	
City Atlanta								
State GA								Zip 30331-8941
Aff. Comm.								
First Name / Business Name Antwyn	Date 09/29/2017	Occupation BOC Chief of Staff	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer DeKalb County			Description	
City								
State								Zip
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 Hazel H	Date 08/20/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Brown					
Address 949 Burnt Hickory Dr SW					
Address2					
City Atlanta					
State GA					Zip 30311-3019
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 Tim	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. \$100.00	Est. Value \$0.00
Last Name Brown					
Address 10 Cinnamon Fern Cir					
Address2					
City Covington					
State GA					Zip 30016-2902
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DKT&T			Description
First Name / Business Name William	Date 08/02/2017	Occupation N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$125.00	Est. Value \$0.00
Last Name Bryant					
Address PO Box 310162					
Address2					
City Atlanta					
State GA					Zip 31131-0162
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BSA			Description

Itemized Contribution Page Total

\$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 William	Date 08/15/2017	Occupation N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$125.00	Est. Value \$0.00
Last Name Bryant					
Address PO Box 310162					
Address2					
City Atlanta					
State GA					Zip 31131-0162
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BSA			
First Name / Business Name William	Date 08/30/2017	Occupation N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Bryant					
Address PO Box 310162					
Address2					
City Atlanta					
State GA					Zip 31131-0162
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BSA			
First Name / Business Name Willie H.	Date 07/08/2017	Occupation Insurance	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,000.00	Est. Value \$0.00
Last Name Burks					
Address 1170 Peachtree St NE					
Address2 Ste 1200					
City Atlanta					
State GA					Zip 30309-7673
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Resurgens Risk Management			

Itemized Contribution Page Total

\$2,225.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Kimberlin	Date 08/19/2017	Occupation Education Philanthropy	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$10.00	Est. Value \$0.00	
Last Name Butler						
Address 3149 Welmingham 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 N/A		Description
City Atlanta						
State GA					Zip 30331-6262	
Aff. Comm.						
First Name / Business Name Anika M.	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.		Description
City Atlanta						
State GA					Zip 30311-3095	
Aff. Comm.						
First Name / Business Name THOMAS	Date 08/26/2017	Occupation REAL ESTATE DEVELOPMENT	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name CAMPBELL						
Address 66 Rockwell Pl						
Address2 31H		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer THOROBIRD COMPANIES LLC		Description
City Brooklyn						
State NY					Zip 11217-1127	
Aff. Comm.						

Itemized Contribution Page Total

\$1,260.00

\$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 Reuben E.	Date 08/12/2017	Occupation Television/Film 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. \$100.00	Est. Value \$0.00
Last Name Cannon					
Address 1401 Peachtree St NE					
Address2 Ste 500					
City Atlanta					
State GA				Zip 30309-3041	
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 - Reuben Cannon Productions			
First Name / Business Name Elaine	Date 08/20/2017	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. \$2,000.00	Est. Value \$0.00
Last Name Carlisle					
Address 622 Glenwood Pl SE					
Address2					
City Atlanta					
State GA				Zip 30316-1824	
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			
First Name / Business Name Darrell	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 Carmen					
Address 115 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 Georgia Urology			

Itemized Contribution Page Total

\$2,200.00

\$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 Raymond 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. \$100.00	Est. Value \$0.00	
Last Name Carpenter						
Address 8665 Sentinae Chase Dr						
Address2 Ste 201					<input checked="" type="checkbox"/> Monetary	Employer Raymond P. Carpenter and Associates, LLC
City Roswell					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30076-4469					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Monique	Date 08/28/2017	Occupation Director	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00	
Last Name Carswell						
Address 2090 E Tremont Ave						
Address2					<input checked="" type="checkbox"/> Monetary	Employer NBCUniversal
City Bronx					<input type="checkbox"/> Inkind	
State NY					<input type="checkbox"/> Common Source	
Zip 10462-5753					<input type="checkbox"/> Credit Received on Loan	
Aff. Comm.						
First Name / Business Name Lawrence	Date 09/25/2017	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. \$100.00	Est. Value \$0.00	
Last Name Carter						
Address 3404 Lionsgate Ct						
Address2					<input checked="" type="checkbox"/> Monetary	Employer Morehouse College
City Lithonia					<input type="checkbox"/> Inkind	
State GA					<input type="checkbox"/> Common Source	
Zip 30038-3479					<input type="checkbox"/> Credit Received on Loan	
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 Laurence	Date 08/25/2017	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. \$100.00	Est. Value \$0.00
Last Name Carty					
Address 524 Broadway					
Address2 Fl 3					
City New York					
State NY					Zip 10012-4699
Aff. Comm.					
First Name / Business Name Sarita	Date 08/31/2017	Occupation Nurse Practitioner	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Cathcart-McLarin					
Address 2654 Arrowood Dr					
Address2					
City Atlanta					
State GA					Zip 30344-3810
Aff. Comm.					
First Name / Business Name Susana	Date 09/29/2017	Occupation VP	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Chavez					
Address 553 Seminole Ave NE					
Address2					
City Atlanta					
State GA					Zip 30307-1417
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 Murphy D.	Date 08/24/2017	Occupation Economic Developer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Cheatham II					
Address 1110 S Cesar Chavez Blvd					
Address2					
City Dallas					
State TX				Zip 75201-6062	
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 Eric	Date 07/19/2017	Occupation project 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. \$100.00	Est. Value \$0.00
Last Name Chennault					
Address 710 Parkleigh Ct SW					
Address2					
City Atlanta					
State GA				Zip 30331-7694	
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 Man	Date 09/16/2017	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. \$100.00	Est. Value \$0.00
Last Name Cheung					
Address 235 Summerhouse Ln					
Address2					
City Atlanta					
State GA				Zip 30350-6600	
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

\$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 Jennifer	Date 09/30/2017	Occupation Quality 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. \$60.00	Est. Value \$0.00
Last Name Christian					
Address 80 Maple Terrace Pl					
Address2					
City Suwanee					
State GA					Zip 30024-3753
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Karna llc			
First Name / Business Name Cigar Haven LLC	Date 08/28/2017	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 7090 Malco Blvd					
Address2 Ste 103					
City Southaven					
State MS					Zip 38671-9005
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
First Name / Business Name Cigar Ventures LLC	Date 08/28/2017	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 250 Peabody Pl					
Address2 Ste 105					
City Memphis					
State TN					Zip 38103-3735
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

\$4,060.00

\$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 Jeff	Date 09/24/2017	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. \$100.00	Est. Value \$0.00			
Last Name Clark CFP								
Address 414 Brentwood Dr NE								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Keel Funds			Description	
City Atlanta								
State GA								Zip 30305-3205
Aff. Comm.								
First Name / Business Name Jeffery M.	Date 07/30/2017	Occupation Insurance	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	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			Description	
City Mableton								
State GA								Zip 30126-7617
Aff. Comm.								
First Name / Business Name Jeffery M.	Date 08/30/2017	Occupation Insurance	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	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			Description	
City Mableton								
State GA								Zip 30126-7617
Aff. Comm.								

Itemized Contribution Page Total

\$302.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Steven	Date 08/21/2017	Occupation Doctor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.22	Est. Value \$0.00	
Last Name Clark						
Address 4510 Medical Center Dr						
Address2 Ste 305	<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 McKinney						
State TX						Zip 75069-1604
Aff. Comm.						
First Name / Business Name Daniel	Date 08/24/2017	Occupation Chief of Staff	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Clayton						
Address 2400 S Ervay St						
Address2 Apt 307	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Texas House of Representatives			Description	
City Dallas						
State TX						Zip 75215-5710
Aff. Comm.						
First Name / Business Name Lybra	Date 08/23/2017	Occupation 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. \$100.00	Est. Value \$0.00	
Last Name Clemons						
Address 207 W 110th St						
Address2 Apt 29	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Paypal			Description	
City New York						
State NY						Zip 10026-4177
Aff. Comm.						

Itemized Contribution Page Total

\$451.22

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of 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 08/28/2017	Occupation Media	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Clinkscates					
Address 581 Main St					
Address2 Ste 640					
City Woodbridge					
State NJ					Zip 07095-1196
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer KTC VENTURES			Description
First Name / Business Name Kimberly	Date 08/29/2017	Occupation Homemaker	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Coaxum					
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 Self			Description
First Name / Business Name Keevin - Paula	Date 08/25/2017	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. \$100.00	Est. Value \$0.00
Last Name Cobb					
Address 3284 Islesworth Trce					
Address2					
City Duluth					
State GA					Zip 30097-6289
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer General Mills			Description

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 Brenda Joyce	Date 08/20/2017	Occupation CEO and Founder	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00		
Last Name Coleman					Description		
Address 4725 Walton Xing SW							
Address2 Apt 3212							
City Atlanta							
State GA							
Zip 30331-6077					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Landmark Literacy Consulting LLC	
Aff. Comm.							
First Name / Business Name Brenda Joyce	Date 09/28/2017	Occupation CEO and Founder	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00			Est. Value \$0.00
Last Name Coleman							Description
Address 4725 Walton Xing SW							
Address2 Apt 3212							
City Atlanta							
State GA							
Zip 30331-6077					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Landmark Literacy Consulting LLC	
Aff. Comm.							
First Name / Business Name Julius E.	Date 07/11/2017	Occupation Director of Global Education	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00			Est. Value \$0.00
Last Name Coles							Description
Address 250 Park Avenue West NW							
Address2 Unit 504							
City Atlanta							
State GA							
Zip 30313-1605					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Morehouse College	
Aff. Comm.							

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 Anquison "Quincy" L.	Date 08/09/2017	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 Collins					
Address 3142 Summerton Ct					
Address2					
City Powder Springs					
State GA					Zip 30127-7033
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 James	Date 07/31/2017	Occupation Private Equity Investor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Collins					
Address 60 Riverside Blvd					
Address2 Apt 1706					
City New York					
State NY					Zip 10069-0217
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Eastwood Capital Partners, LLC			
First Name / Business Name James	Date 09/30/2017	Occupation Private Equity 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. \$260.00	Est. Value \$0.00
Last Name Collins					
Address 60 Riverside Blvd					
Address2 Apt 1706					
City New York					
State NY					Zip 10069-0217
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Eastwood Capital Partners, LLC			

Itemized Contribution Page Total

\$1,510.00

\$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 Committee to Elect Robert James	Date 09/26/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name					
Address 2233 Peachtree Rd NE					
Address2 The Astoria - Suite 212	<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 30309-1181	
Aff. Comm.					
First Name / Business Name Robert	Date 09/21/2017	Occupation COO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Conley					
Address 424 Gartrell 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 Sharon Harley MD PC			Description
City Atlanta					
State GA				Zip 30312-1830	
Aff. Comm.					
First Name / Business Name Gravely & Associates	Date 09/21/2017	Occupation Tax Consultant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name Consulting Firm					
Address 18 Dynasty Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Gravely & Associates Consulting Firm			Description
City Fairburn					
State GA				Zip 30213-8305	
Aff. Comm.					

Itemized Contribution Page Total

\$1,450.00

\$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 Bristol	Date 09/30/2017	Occupation Consulting	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,427.00	Est. Value \$0.00
Last Name Consulting Group, Inc					
Address PO Box 492278					
Address2					
City Atlanta					
State GA					Zip 30349-9336
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bristol Consulting Group, Inc			Description
First Name / Business Name Lawrence Alton	Date 09/20/2017	Occupation Tax Accountant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Cooper					
Address PO Box 724291					
Address2					
City Atlanta					
State GA					Zip 31139-1291
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Black Women Film Network			Description
First Name / Business Name Natasha	Date 09/26/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$175.00	Est. Value \$0.00
Last Name Copeland					
Address 5530 Whittondale Rd					
Address2					
City Lithonia					
State GA					Zip 30058-5546
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Heard Law Firm			Description

Itemized Contribution Page Total

\$1,703.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions		
	Received Date Contribution Type*	Occupation & Employer			Estimated Value		
					Description		
First Name / Business Name Harvey B.	Date 09/29/2017	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 Coppage					Description		
Address 2310 Scarlett Walk							
Address2							
City Stone Mountain							
State GA							
Zip 30087-1106					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AECOM	
Aff. Comm.							
First Name / Business Name Corporate Environmental Risk Management	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 1990 Lakeside Pkwy							
Address2							
City Tucker							
State GA							
Zip 30084-5884					<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 Rob	Date 08/28/2017	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. \$100.00			Est. Value \$0.00
Last Name Crawford							Description
Address 121 Reade St							
Address2 5L							
City New York							
State NY							
Zip 10013-6304					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Not Employed	
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 Ruth	Date 09/19/2017	Occupation 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 Crawford						
Address 2840 Handy 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 Requested			Description	
City Atlanta						
State GA						Zip 30318-7237
Aff. Comm.						
First Name / Business Name Robert 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. \$200.00	Est. Value \$0.00	
Last Name Crewdson						
Address 135 Foxridge Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DLA Piper			Description	
City Atlanta						
State GA						Zip 30327-4310
Aff. Comm.						
First Name / Business Name Clayvon	Date 07/28/2017	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. \$60.00	Est. Value \$0.00	
Last Name Croom Jr.						
Address 1401 Peachtree St NE						
Address2 Ste 500	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta International Consulting Group			Description	
City Atlanta						
State GA						Zip 30309-3041
Aff. Comm.						

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 Clayvon	Date 08/28/2017	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. \$60.00	Est. Value \$0.00
Last Name Croom Jr.					Description
Address 1401 Peachtree St NE					
Address2 Ste 500					
City Atlanta					
State GA					
Zip 30309-3041					
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 International Consulting Group			
First Name / Business Name Clayvon	Date 09/28/2017	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. \$60.00	Est. Value \$0.00
Last Name Croom Jr.					Description
Address 1401 Peachtree St NE					
Address2 Ste 500					
City Atlanta					
State GA					
Zip 30309-3041					
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 International Consulting Group			
First Name / Business Name Croy Engineering, 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 200 Cobb Pkwy N					
Address2 Building 400, Suite 413					
City Marietta					
State GA					
Zip 30062-3585					
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

\$1,120.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of 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	Date 08/30/2017	Occupation 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 Culbert					
Address 651 Hickey Canyon Ave					
Address2					
City Desoto					
State TX					Zip 75115
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Requested			
First Name / Business Name Levy	Date 09/05/2017	Occupation Managing Director	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Curry					
Address 5939 Encore Dr					
Address2					
City Dallas					
State TX					Zip 75240-4759
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer HR Search Firm			
First Name / Business Name John	Date 09/21/2017	Occupation Physician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Dalton					
Address 222 14th St NE					
Address2 Apt 403					
City Atlanta					
State GA					Zip 30309-7683
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 Hand, Shoulder & Elbow			

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 Kevin Kevin	Date 07/10/2017	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 Dancy MD					
Address 4177 Wellpointe Cir 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 Self Employed			Description
State GA					
Zip 30331-6301					
Aff. Comm.					
First Name / Business Name Pethral	Date 08/12/2017	Occupation Business Owner-HR 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. \$100.00	Est. Value \$0.00
Last Name Daniels					
Address 7344 Rockhouse Rd					
Address2					
City Austell	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Global Workforce Solutions			Description
State GA					
Zip 30168-7212					
Aff. Comm.					
First Name / Business Name Darrell S. Gay P.C.	Date 08/28/2017	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. \$100.00	Est. Value \$0.00
Last Name					
Address 22 W 121st St					
Address2					
City New York	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
State NY					
Zip 10027-6319					
Aff. Comm.					

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 Theodore A	Date 09/07/2017	Occupation 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 Davis						
Address 821 E 38th St						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Requested		Description
City Chicago						
State IL					Zip 60653-1921	
Aff. Comm.						
First Name / Business Name Stephen A.	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. \$500.00	Est. Value \$0.00	
Last Name Dawkins						
Address 3 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 Caduceus USA		Description
City Atlanta						
State GA					Zip 30331-8501	
Aff. Comm.						
First Name / Business Name Benjamin J	Date 08/16/2017	Occupation Aviation 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 DeCosta						
Address 1343 Cascade Falls 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 DeCosta Consulting, LLC		Description
City Atlanta						
State GA					Zip 30311-3674	
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 Benjamin J	Date 08/25/2017	Occupation Aviation 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 DeCosta					
Address 1343 Cascade Falls Ct SW					
Address2					
City Atlanta					
State GA					Zip 30311-3674
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DeCosta Consulting, LLC			Description
First Name / Business Name Benjamin J	Date 09/25/2017	Occupation Aviation 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 DeCosta					
Address 1343 Cascade Falls Ct SW					
Address2					
City Atlanta					
State GA					Zip 30311-3674
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DeCosta Consulting, LLC			Description
First Name / Business Name Willie	Date 08/29/2017	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. \$100.00	Est. Value \$0.00
Last Name Dennis					
Address					
Address2					
City New York					
State NY					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 K & L Gates			Description

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 Development Services Corporation	Date 09/07/2017	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					
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 Diversified General Contractors	Date 09/07/2017	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 17935 Chappel Ave					
Address2					
City Lansing					
State Zip IL 60438-4526					
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 DL3 Realty, LP	Date 09/07/2017	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 1050 E 95th St					
Address2					
City Chicago					
State Zip IL 60619-7828					
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

\$2,750.00

\$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 DMF Consulting Group LLC	Date 09/17/2017	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 3806 Lookout 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 North Little Rock								
State AR								Zip 72116-8257
Aff. Comm.								
First Name / Business Name Reginald	Date 09/26/2017	Occupation DJ / 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. \$1,000.00	Est. Value \$0.00			
Last Name Dokes								
Address 405 Kirkland Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Psychostasia Recordings LLC			Description	
City Locust Grove								
State GA								Zip 30248-7223
Aff. Comm.								
First Name / Business Name Double D Vision Development Inc.	Date 09/07/2017	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 9615 S Bell Ave								
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 Chicago								
State IL								Zip 60643-1626
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 Chuck M.	Date 07/15/2017	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 Douglas					Description
Address 2002 Summit Blvd					
Address2 Ste 300					
City Brookhaven					
State GA					
Aff. Comm.					
First Name / Business Name Chuck M.	Date 08/06/2017	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 Douglas					Description
Address 2002 Summit Blvd					
Address2 Ste 300					
City Brookhaven					
State GA					
Aff. Comm.					
First Name / Business Name Shelease	Date 09/26/2017	Occupation Fulcrum 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. \$50.00	Est. Value \$0.00
Last Name Dowdy					Description
Address 2808					
Address2					
City Atlanta					
State GA					
Aff. Comm.					

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 Kevin	Date 08/20/2017	Occupation Sales rep	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Drain					
Address 223 Sidewinder Loop					
Address2					
City Red Oak					
State TX					Zip 75154-5452
Aff. Comm.					
First Name / Business Name REGINALD	Date 09/30/2017	Occupation REAL ESTATE 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. \$100.00	Est. Value \$0.00
Last Name DREHER					
Address 1135 Oakland Ln SW					
Address2					
City Atlanta					
State GA					Zip 30310-4025
Aff. Comm.					
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.					

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 Michelle	Date 08/03/2017	Occupation Homemaker	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Duckett-Hedgebeth					
Address 4401 Wilcot Dr					
Address2					
City Midlothian					
State VA					Zip 23113-3641
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Unemployed			
First Name / Business Name Pamela & William	Date 09/22/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Duncan					
Address 1102 Springdale Rd NE					
Address2					
City Atlanta					
State GA					Zip 30306-2630
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 Torarie	Date 07/21/2017	Occupation Strategy	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Durden					
Address 6555 Old Cabin Rd					
Address2					
City Atlanta					
State GA					Zip 30328-2831
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ADP			

Itemized Contribution Page Total

\$1,351.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Torarie	Date 08/21/2017	Occupation Strategy	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Durden					Description	
Address 6555 Old Cabin Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ADP				
City Atlanta						
State GA						Zip 30328-2831
Aff. Comm.						
First Name / Business Name Torarie	Date 09/21/2017	Occupation Strategy	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Durden					Description	
Address 6555 Old Cabin Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ADP				
City Atlanta						
State GA						Zip 30328-2831
Aff. Comm.						
First Name / Business Name Joe Mack	Date 08/01/2017	Occupation Criminal Investigator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Eckler					Description	
Address 450 Pates Lake Ct						
Address2 Fl 3	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fulton County Solicitor General				
City Hampton						
State GA						Zip 30228-2792
Aff. Comm.						

Itemized Contribution Page Total

\$502.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Joe Mack	Date 08/21/2017	Occupation Criminal Investigator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Eckler						
Address 450 Pates Lake Ct						
Address2 Fl 3	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fulton County Solicitor General			Description	
City Hampton						
State GA						Zip 30228-2792
Aff. Comm.						
First Name / Business Name Joe Mack	Date 09/30/2017	Occupation Criminal Investigator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Eckler						
Address 450 Pates Lake Ct						
Address2 Fl 3	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fulton County Solicitor General			Description	
City Hampton						
State GA						Zip 30228-2792
Aff. Comm.						
First Name / Business Name Colin	Date 08/29/2017	Occupation Vice President, Treasury Management 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. \$100.00	Est. Value \$0.00	
Last Name Edey						
Address 40 Jefferson St						
Address2 Apt 3D	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TD Bank			Description	
City Hackensack						
State NJ						Zip 07601-5039
Aff. Comm.						

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 Albert G.	Date 09/29/2017	Occupation Managing Director	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Edwards					
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 Corporate Environmental Risk Management			Description
First Name / Business Name Wendy Eley	Date 09/30/2017	Occupation Principal	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Eley Jackson PMP					
Address 3185 Pyrite Cir SW					
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	Employer Auburn Avenue Films			Description
First Name / Business Name Charles G.	Date 08/26/2017	Occupation Managing 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 Elliott Sr					
Address 200 Colegrove St					
Address2					
City Memphis					
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 National Infrastructure Group			Description

Itemized Contribution Page Total

\$2,500.00

\$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 Gregory	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. \$1,000.00	Est. Value \$0.00	
Last Name Ellison						
Address 4630 Dunedin 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 Banks, Finley, White & Co.			Description	
City Atlanta						
State GA						Zip 30331-7902
Aff. Comm.						
First Name / Business Name Judia	Date 08/19/2017	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. \$100.00	Est. Value \$0.00	
Last Name Elmore Black						
Address 333 E 91st St						
Address2 25A	<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 New York						
State NY						Zip 10128-5884
Aff. Comm.						
First Name / Business Name Emissions	Date 08/20/2017	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. \$100.00	Est. Value \$0.00	
Last Name						
Address 3343 Willbridge Ct						
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 Duluth						
State GA						Zip 30096-8723
Aff. Comm.						

Itemized Contribution Page Total

\$1,200.00

\$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 Latecia Last Name Engram Address PO Box 30919 Address2 City Washington State DC Zip 20030-0919 Aff. Comm.	Date 09/11/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Public Health Employer US DHHS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Description
First Name / Business Name F.H. Paschen, S.N. Nielsen & Assoc. LLC Last Name Address 5515 N East River Rd Address2 City Chicago State IL Zip 60656-1113 Aff. Comm.	Date 09/07/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation 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	Est. Value \$0.00 Description
First Name / Business Name Farmer's Basket INC Last Name Address 4400 Ashford Dunwoody Rd NE Address2 Ste 1665 City Atlanta State GA Zip 30346-1560 Aff. Comm.	Date 09/16/2017 <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. \$2,000.00	Est. Value \$0.00 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 Mary	Date 08/30/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Farrington-Browne					
Address 759 Grimes Bridge Rd					
Address2					
City Roswell					
State GA					Zip 30075-4614
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 Federation of Public Service Employees PAC	Date 08/31/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,000.00	Est. Value \$0.00
Last Name					
Address 111 N La Brea Ave					
Address2 Ste 406					
City Inglewood					
State CA					Zip 90301-4604
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
First Name / Business Name Kimberly	Date 08/26/2017	Occupation Educator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Felder					
Address 163 W 129th St					
Address2 New York					
City New York					
State NY					Zip 10027-2167
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer New York City Department of Education			

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 MG	Date 08/04/2017	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. \$250.00	Est. Value \$0.00	
Last Name Finn						
Address 805 Amsterdam 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 Georgia Institute of Technology			Description	
City Atlanta						
State GA						Zip 30306-3403
Aff. Comm.						
First Name / Business Name Dr. Dameon	Date 07/23/2017	Occupation Orthodontist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Fisher						
Address 1295 W Spring St SE						
Address2 Ste 210	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Selfemployed			Description	
City Smyrna						
State GA						Zip 30080-3669
Aff. Comm.						
First Name / Business Name Dr. Dameon	Date 08/23/2017	Occupation Orthodontist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Fisher						
Address 1295 W Spring St SE						
Address2 Ste 210	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Selfemployed			Description	
City Smyrna						
State GA						Zip 30080-3669
Aff. Comm.						

Itemized Contribution Page Total

\$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 Dr. Dameon	Date 09/23/2017	Occupation Orthodontist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Fisher					
Address 1295 W Spring St SE					
Address2 Ste 210					
City Smyrna					
State GA				Zip 30080-3669	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Selfemployed			
First Name / Business Name Nathaniel	Date 09/29/2017	Occupation CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ford					
Address 1193 Queens Harbor Blvd					
Address2					
City Jacksonville					
State FL				Zip 32225-4909	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer JTA			
First Name / Business Name K. A.	Date 09/22/2017	Occupation Law Firm	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Foreman, PC					
Address 1882 Princeton Ave					
Address2 Ste 10					
City Atlanta					
State GA				Zip 30337-3536	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Law Office of K. A. Foreman, PC			

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 Kevin	Date 09/22/2017	Occupation Attorney at Law - 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. \$200.00	Est. Value \$0.00
Last Name Foreman					
Address 2394 Rugby Ave					
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 Office of K. A. Foreman			Description
City College Park					
State GA				Zip 30337-1045	
Aff. Comm.					
First Name / Business Name Robert Michael	Date 09/25/2017	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. \$101.00	Est. Value \$0.00
Last Name Franklin					
Address 4700 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 Emory			Description
City Atlanta					
State GA				Zip 30331-7394	
Aff. Comm.					
First Name / Business Name Paula J	Date 09/21/2017	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 Frederick					
Address 798 Boulevard SE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer State Bar of Georgia			Description
City Atlanta					
State GA				Zip 30312-3628	
Aff. Comm.					

Itemized Contribution Page Total

\$551.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Jennifer	Date 08/20/2017	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. \$100.00	Est. Value \$0.00
Last Name Freeman					
Address 2863 Thaucer Drive SW Atlanta 30311					
Address2					
City Atlanta					
State GA					Zip 30311
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Freeman Young Group			Description
First Name / Business Name Renee	Date 08/03/2017	Occupation Public Health 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. \$100.00	Est. Value \$0.00
Last Name Freeman					
Address 2536 Glenrock Dr					
Address2					
City Decatur					
State GA					Zip 30032-5858
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ICF			Description
First Name / Business Name Renee	Date 09/30/2017	Occupation Public Health 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. \$100.00	Est. Value \$0.00
Last Name Freeman					
Address 2536 Glenrock Dr					
Address2					
City Decatur					
State GA					Zip 30032-5858
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ICF			Description

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 Elizabeth H.	Date 09/07/2017	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. \$500.00	Est. Value \$0.00		
Last Name Friedgut							
Address 1023 W Vernon Park Pl							
Address2 Apt D		<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)	<input 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 Chicago							
State IL							Zip 60607-3447
Aff. Comm.							
First Name / Business Name Kenny	Date 08/28/2017	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. \$100.00	Est. Value \$0.00		
Last Name Frimpong							
Address 401 W 110th St							
Address2 Apt 1901		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Award Tour Music	<input 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 York							
State NY							Zip 10025-2443
Aff. Comm.							
First Name / Business Name Full Circle COmmunications 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. \$250.00	Est. Value \$0.00		
Last Name							
Address 2046 Hatteras Way NW							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer	<input 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 30318-1082
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 John J.	Date 07/19/2017	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 Funny							
Address 1201 W Peachtree St NE							
Address2 Ste 600		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Grice Consulting Group	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Description	
City Atlanta							
State GA							Zip 30309-3447
Aff. Comm.							
First Name / Business Name Kevin	Date 09/25/2017	Occupation Headmaster	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 G							
Address 260 Rumson 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 Atlanta International School	<input 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 30305-3114
Aff. Comm.							
First Name / Business Name Nichelle	Date 08/20/2017	Occupation Media	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Gainey							
Address 416 Meadow Croft Dr							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer SilverStone International	<input 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 Birmingham							
State AL							Zip 35242-5441
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 Gamble Holding INC	Date 08/28/2017	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. \$150.00	Est. Value \$0.00
Last Name					
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	Description
State Zip					
Aff. Comm.					
First Name / Business Name Gregory L.	Date 09/23/2017	Occupation Cop	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Gamble					
Address 2729 Elkmont Rdg SW					
Address2				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Marta
City Atlanta					
State Zip GA 30331-9435					
Aff. Comm.					
First Name / Business Name Mark	Date 09/26/2017	Occupation Detective	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Gardner					
Address 5467 Rosehall Pl					
Address2				<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer COA
City Atlanta					
State Zip GA 30349-7628					
Aff. Comm.					

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 Sharon A.	Date 07/26/2017	Occupation GRTA Vice Chair	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Gay						
Address 303 Peachtree St NE						
Address2 Ste 5300	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer McKenna, Long & Aldridge, LLP			Description	
City Atlanta						
State GA						Zip 30308-3265
Aff. Comm.						
First Name / Business Name Georgia Advancing Progress PAC, Inc,	Date 09/16/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name						
Address PO Box 19145						
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 31126-1145
Aff. Comm.						
First Name / Business Name Christopher	Date 09/07/2017	Occupation Founding 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. \$250.00	Est. Value \$0.00	
Last Name Gergen						
Address 611 Watts St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer HQ Community			Description	
City Durham						
State NC						Zip 27701-1723
Aff. Comm.						

Itemized Contribution Page Total

\$1,000.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions							
	Received Date Contribution Type*	Occupation & Employer			Estimated Value							
					Description							
First Name / Business Name GMA Construction Group	Date 09/07/2017	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 3529 S. Morgan St Suite 222-4												
Address2												
City Chicago												
State IL												
Zip 60609-1516					<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. \$2,000.00	Est. Value \$0.00			
Aff. Comm.	Description											
First Name / Business Name Golden Holley James LLP.		Date 08/28/2017	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												Description
Address 1805 Martin Luther King Jr Blvd												
Address2												
City Savannah												
State GA												
Zip 31415-8001	<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 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												Description
Address 1889 Shoal Creek Blvd												
Address2												
City Decatur												
State GA												
Zip 30032-4528	<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)			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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									

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 Marie	Date 09/17/2017	Occupation Goolsby Mortuary	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Goolsby					Description	
Address 1375 Jonesboro 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 Owner				
City Atlanta						
State GA						Zip 30315-2769
Aff. Comm.						
First Name / Business Name Tiffany	Date 09/21/2017	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. \$200.00	Est. Value \$0.00	
Last Name Gravely					Description	
Address 18 Dynasty Dr						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self Employed				
City Fairburn						
State GA						Zip 30213-8305
Aff. Comm.						
First Name / Business Name GRE Midtown LLC C/O	Date 08/20/2017	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. \$4,000.00	Est. Value \$0.00	
Last Name					Description	
Address 1111 Pasquinelli Dr						
Address2 Ste 100	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
City Westmont						
State IL						Zip 60559-1241
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 Alfred	Date 08/28/2017	Occupation 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. \$400.00	Est. Value \$0.00	
Last Name Green					Description	
Address 6790 Satinwood Cv						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Requested				
City Memphis						
State TN						Zip 38119-5627
Aff. Comm.						
First Name / Business Name Ron	Date 08/20/2017	Occupation Sales	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Green					Description	
Address 3940 Villager Way						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self				
City Rex						
State GA						Zip 30273-2548
Aff. Comm.						
First Name / Business Name Billie Curry	Date 09/26/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$125.00	Est. Value \$0.00	
Last Name Greenwell					Description	
Address 211 Colonial Homes Dr NW						
Address2 Apt 1403	<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 30309-1292
Aff. Comm.						

Itemized Contribution Page Total

\$775.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Dayna	Date 08/28/2017	Occupation Health & Wellness 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 Griles					
Address 22 Mulford Pl					
Address2 Apt 5B	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Lantern Community Services			Description
City Hempstead					
State NY				Zip 11550-2109	
Aff. Comm.					
First Name / Business Name Kenneth	Date 07/14/2017	Occupation Managing Director	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Grimes					
Address 411 Ranger Psge					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Black Angel Tech Fund			Description
City Alpharetta					
State GA				Zip 30005-4364	
Aff. Comm.					
First Name / Business Name Linda W	Date 08/09/2017	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 Gulley					
Address 1745 Glenview 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 HACDF			Description
City Atlanta					
State GA				Zip 30331-2307	
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 Chandra	Date 08/23/2017	Occupation Clinician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Hall								
Address 255 Lamberth Lake Dr								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Grady Heath Care Sysyem			Description	
City Fayetteville								
State GA								Zip 30215-5348
Aff. Comm.								
First Name / Business Name Nancy M	Date 08/20/2017	Occupation Chief 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 Hall								
Address 880 Windcrest 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 Sweet Auburn Seafood			Description	
City Atlanta								
State GA								Zip 30331-8086
Aff. Comm.								
First Name / Business Name Charles J	Date 08/29/2017	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 Hamilton jr								
Address 156 West 36th Street								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Windels Marx			Description	
City New York								
State NY								Zip 10018-6901
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 Jewell A	Date 08/20/2017	Occupation Adjunct 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. \$100.00	Est. Value \$0.00							
Last Name Harper Esq					Description							
Address 3727 Calumet Rd												
Address2												
City Decatur												
State GA												
Zip 30034-2131					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Spellman College	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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			
Aff. Comm.	Description											
First Name / Business Name Jack		Date 09/29/2017	Occupation CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017						Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Harris												Description
Address 4762 Millbrook Dr NW												
Address2												
City Atlanta												
State GA												
Zip 30327-3549	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				Employer JA	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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				
Aff. Comm.		Description										
First Name / Business Name Marjorie			Date 08/29/2017	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. \$101.00	Est. Value \$0.00	
Last Name Harris												Description
Address 111 Mulberry St												
Address2 Apt 4C												
City Newark												
State NJ												
Zip 07102-4011	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Office of Mayor Ras J. Baraka			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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					
Aff. Comm.			Description									

Itemized Contribution Page Total

\$701.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Ardy	Date 08/20/2017	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. \$200.00	Est. Value \$0.00
Last Name Harrison					
Address 2203 Summerwalk Pkwy					
Address2					
City Tucker					
State GA					Zip 30084-8434
Aff. Comm.					
First Name / Business Name William bill	Date 08/28/2017	Occupation Vice President Diversity Strategies & Legal Affairs	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Hawthorne III, Esq.					
Address 223 Perimeter Center Pkwy NE					
Address2 Ste 400					
City Atlanta					
State GA					Zip 30346-1301
Aff. Comm.					
First Name / Business Name Mark	Date 09/18/2017	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. \$200.00	Est. Value \$0.00
Last Name Hayes					
Address 7546 Fox Chase Dr					
Address2					
City West Chester					
State OH					Zip 45069-8685
Aff. Comm.					

Itemized Contribution Page Total

\$1,400.00

\$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 Mark	Date 09/21/2017	Occupation Consultant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name Hayes					
Address 7546 Fox Chase 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			Description
City West Chester					
State OH				Zip 45069-8685	
Aff. Comm.					
First Name / Business Name Mark	Date 09/24/2017	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. \$550.00	Est. Value \$0.00
Last Name Hayes					
Address 7546 Fox Chase 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			Description
City West Chester					
State OH				Zip 45069-8685	
Aff. Comm.					
First Name / Business Name DeNorris A.	Date 09/23/2017	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. \$250.00	Est. Value \$0.00
Last Name Heard					
Address PO Box 1081					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer DeNorris A. Heard, PC			Description
City Tucker					
State GA				Zip 30085-1081	
Aff. Comm.					

Itemized Contribution Page Total

\$1,000.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Greg	Date 07/06/2017	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 Hecht					
Address 205 Corporate Center Dr					
Address2 Ste B					
City Stockbridge					
State GA					Zip 30281-7383
Aff. Comm.					
First Name / Business Name Charles	Date 09/19/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Henry					
Address 537 Rock Springs Rd NE					
Address2					
City Atlanta					
State GA					Zip 30324-5103
Aff. Comm.					
First Name / Business Name Alesia	Date 08/04/2017	Occupation Communications 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 Hicks					
Address 3429 Alexander Pl SW					
Address2					
City Smyrna					
State GA					Zip 30082-3065
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 Azira G	Date 08/17/2017	Occupation Retired nurse	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Hill					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 Retired				
City Atlanta						
State GA						Zip 30331-7930
Aff. Comm.						
First Name / Business Name Benjamin F.	Date 09/26/2017	Occupation Manager	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$200.00	Est. Value \$0.00	
Last Name Hill					Description	
Address 250 Park Avenue West NW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer KIDazzle Child Care				
City Atlanta						
State GA						Zip 30313-1603
Aff. Comm.						
First Name / Business Name Rasean T.	Date 09/23/2017	Occupation Physician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00	
Last Name Hodge					Description	
Address 4180 W Oaks 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 Self Employed				
City Atlanta						
State GA						Zip 30342-3560
Aff. Comm.						

Itemized Contribution Page Total

\$551.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Anthony	Date 07/14/2017	Occupation Airline Pilot	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Holder					Description
Address 2576 Gatebury Circle					
Address2					
City Atlanta					
State GA					
Zip 30341-2692					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
Aff. Comm.					
Address2 Ste 2100					
City Chicago					
State IL					
Zip 60603-2307					
Aff. Comm.					
First Name / Business Name Charles J.	Date 09/07/2017	Occupation Attorney and 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. \$500.00	Est. Value \$0.00
Last Name Holley					Description
Address 1 S Dearborn St					
Address2 Ste 2100					
City Chicago					
State IL					
Zip 60603-2307					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
Aff. Comm.					
Address2 Apt 242					
City Atlanta					
State GA					
Zip 30327-5241					
Aff. Comm.					
First Name / Business Name Brian	Date 07/15/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Hooper					Description
Address 4435 Northside Pkwy NW					
Address2 Apt 242					
City Atlanta					
State GA					
Zip 30327-5241					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
Aff. Comm.					
Address2 Apt 242					
City Atlanta					
State GA					
Zip 30327-5241					
Aff. Comm.					

Itemized Contribution Page Total

\$1,101.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Donald	Date 09/26/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Horace					
Address 811 E Ponce De Leon Ave					
Address2					
City Decatur					
State GA					Zip 30030-2036
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 Julia A.	Date 07/30/2017	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. \$0.00	Est. Value \$250.00
Last Name Houston					
Address 775 Wilson Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-1718
Aff. Comm.					
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Equifax			
First Name / Business Name Margaret Crawford	Date 08/20/2017	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. \$100.00	Est. Value \$0.00
Last Name Howell					
Address 4205 Sloop Way					
Address2					
City Atlanta					
State GA					Zip 30349-2031
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

\$200.00

\$250.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Ricardo E.	Date 09/25/2017	Occupation International Client Relationship 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. \$150.00	Est. Value \$0.00
Last Name Hubler					
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 Aprio			
First Name / Business Name Troy & Dionne	Date 08/15/2017	Occupation Mental Health 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 Huffman					
Address 3215 Cascade Rd SW					
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	Employer OGCC Behavioral Health Center			
First Name / Business Name Michelle	Date 08/20/2017	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. \$100.00	Est. Value \$0.00
Last Name Hyder - Elliott					
Address 4365 Foxfire Ct					
Address2					
City Douglasville					
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 Self Employed			

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 Michelle	Date 09/24/2017	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. \$200.00	Est. Value \$0.00
Last Name Hyder - Elliott					
Address 4365 Foxfire Ct					
Address2					
City Douglasville					
State GA					Zip 30135-4987
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 Naomi	Date 08/20/2017	Occupation 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 Hyder					
Address PO Box 492278					
Address2					
City Atlanta					
State GA					Zip 30349-9336
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Requested			Description
First Name / Business Name Integrity Janitorial Cleaning Services	Date 09/17/2017	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 150 Penney Rd					
Address2 Ste 450					
City Forest Park					
State GA					Zip 30297-2057
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

\$2,700.00

\$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 Andrea	Date 08/27/2017	Occupation Hedge Fund	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 300 W 135th St					
Address2					
City New York					
State NY					Zip 10030-2731
Aff. Comm.					
First Name / Business Name Broderick	Date 07/02/2017	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. \$101.00	Est. Value \$0.00
Last Name Jackson					
Address 5365 Dividend Dr					
Address2 Ste A					
City Decatur					
State GA					Zip 30035-3834
Aff. Comm.					
First Name / Business Name Broderick	Date 08/02/2017	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. \$101.00	Est. Value \$0.00
Last Name Jackson					
Address 5365 Dividend Dr					
Address2 Ste A					
City Decatur					
State GA					Zip 30035-3834
Aff. Comm.					

Itemized Contribution Page Total

\$302.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Broderick	Date 09/02/2017	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. \$101.00	Est. Value \$0.00
Last Name Jackson					
Address 5365 Dividend Dr					
Address2 Ste A					
City Decatur					
State GA					Zip 30035-3834
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer J Squared Plumbing Co Inc			Description
First Name / Business Name Eugene	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. \$350.00	Est. Value \$0.00
Last Name James					
Address 128 Crumley St SE					
Address2 Atlanta					
City Atlanta					
State GA					Zip 30312-2913
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Metrostudy			Description
First Name / Business Name Robert E.	Date 08/28/2017	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 James II					
Address 1805 Martin Luther King Jr Blvd					
Address2					
City Savannah					
State GA					Zip 31415-8001
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Coastal Legacy Group			Description

Itemized Contribution Page Total

\$951.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Raquel	Date 08/21/2017	Occupation Digital Technology Sales 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. \$1,000.00	Est. Value \$0.00
Last Name Jarrett					
Address 5411 Bighorn Pass SW					
Address2					
City Atlanta					
State GA					Zip 30349-8788
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer IBM			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Steve	Date 08/28/2017	Occupation Pupil Personnel Services	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Jarrett					
Address 4341 Baychester Ave					
Address2					
City Bronx					
State NY					Zip 10466-1811
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer NYC Department of Education			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Ernest D.	Date 09/01/2017	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. \$2,500.00	Est. Value \$0.00
Last Name Jarvis					
Address 10013 Ormond Rd					
Address2					
City Potomac					
State MD					Zip 20854-5029
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Jarvis Commercial Real Estate			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

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 JLM Risk Management Group Last Name Address 201 17th St NW Address2 Ste 300 City Atlanta State GA Zip 30363-1191 Aff. Comm.	Date 09/24/2017 <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 2017	Cash Amt. \$200.00	Est. Value \$0.00 Description
First Name / Business Name Candace Last Name Johnson Address 205 Jupiter Hills Pt Address2 Pointe City Johns Creek State GA Zip 30097-2070 Aff. Comm.	Date 08/31/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Marketing Consultant Employer BNV 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. \$1,000.00	Est. Value \$0.00 Description
First Name / Business Name Leah Last Name Johnson Address 1998 Gramercy Cir Address2 City Chamblee State GA Zip 30341-1778 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 Physician Employer Atlanta Women's Specialists	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 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 Rodney Elliott	Date 08/30/2017	Occupation Sr VP of Corporate 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. \$250.00	Est. Value \$0.00
Last Name Johnson					
Address 4675 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 KDG Construction Consultation			Description
City Atlanta					
State GA				Zip 30331-7393	
Aff. Comm.					
First Name / Business Name Dionysia	Date 08/20/2017	Occupation Attorney/ 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 Johnson-Massie					
Address 2119 Calverton 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 Littler Mendelson			Description
City Atlanta					
State GA				Zip 30331-7889	
Aff. Comm.					
First Name / Business Name Agai B.	Date 08/24/2017	Occupation VP Sales and 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 Jones					
Address 1202 Lakeside Village 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 Indique			Description
City Atlanta					
State GA				Zip 30317-3122	
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 Agai B.	Date 09/30/2017	Occupation VP Sales and 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. \$200.00	Est. Value \$0.00
Last Name Jones					
Address 1202 Lakeside Village 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 Indique			Description
City Atlanta					
State GA				Zip 30317-3122	
Aff. Comm.					
First Name / Business Name Darren R.	Date 07/28/2017	Occupation Labor & Employment 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. \$150.00	Est. Value \$0.00
Last Name Jones					
Address 595 Stonebriar Way SW					
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 30331-7670	
Aff. Comm.					
First Name / Business Name Elie	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 Jones					
Address PO Box 310208					
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 31131-0208	
Aff. Comm.					

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 Juliette	Date 08/28/2017	Occupation EP, Urban Promotion	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 1633 Broadway					
Address2 1633 Broadway					
City New York					
State NY					Zip 10019-6708
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlantic Records			Description
First Name / Business Name Martavius	Date 08/28/2017	Occupation Councilman	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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					
Address2					
City Memphis					
State TN					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 City of Memphis			Description
First Name / Business Name Carol S.	Date 08/20/2017	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 Joyner					
Address 401 Arnold St NE					
Address2					
City Atlanta					
State GA					Zip 30308-2912
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer cgp			Description

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 Oscar A.	Date 08/30/2017	Occupation Principal	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Joyner					
Address 1512 Nelson Dr					
Address2					
City Irving					
State TX Zip 75038-5958					
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Gateway Investment Partners			Description
First Name / Business Name JW Robinson and Associates, Inc	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 1020 Ralph David Abernathy Blvd SW					
Address2					
City Atlanta					
State GA Zip 30310-1877					
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 KDG Construction Consulting	Date 08/30/2017	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. \$250.00	Est. Value \$0.00
Last Name					
Address 520 N Central Ave					
Address2 Ste 715					
City Glendale					
State CA Zip 91203-3959					
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

\$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 Richard C	Date 09/30/2017	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. \$100.00	Est. Value \$0.00
Last Name Kelsey II					
Address 3304 Eagle Trl					
Address2					
City Raleigh					
State NC					Zip 27615-4023
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GeneDx			
First Name / Business Name Jasmine	Date 07/11/2017	Occupation Student	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name Khalil					
Address 180 Jackson St NE					
Address2 Apt 1615					
City Atlanta					
State GA					Zip 30312-1358
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 Marlon E.	Date 07/14/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Kimpson					
Address 139 Mary Ellen Dr					
Address2					
City Charleston					
State SC					Zip 29403-3355
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Motley Rice LLC			

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 Norman A.	Date 09/08/2017	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. \$210.00	Est. Value \$0.00	
Last Name Koplon					Description	
Address 401 Parkaire Xing						
Address2						
City Marietta						
State GA						
Zip 30068-4694					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Troutman Sanders
Aff. Comm.						
Address2						
City Bryn Mawr						
State PA						
Zip 19010-1911						
Aff. Comm.						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Axum Advisors	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 L. Johnson						Description
Address 1075 Green Valley Rd						
Address2						
City Bryn Mawr						
State PA						
Zip 19010-1911						<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
Aff. Comm.						
Address2						
City Bryn Mawr						
State PA						
Zip 19010-1911						
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 L.A. County Probation Officer's Union	Date 08/31/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name					
Address 2500 Wilshire Blvd					
Address2 Ste 1010	<input checked="" type="checkbox"/> Monetary	Employer			
City Los Angeles	<input type="checkbox"/> Inkind				Description
State CA	<input type="checkbox"/> Common Source				
Zip 90057-4315	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name / Business Name Shaun I	Date 07/06/2017	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. \$500.00	Est. Value \$0.00
Last Name Lain					
Address PO Box 355					
Address2	<input checked="" type="checkbox"/> Monetary	Employer College Campus Tours			
City Fayetteville	<input type="checkbox"/> Inkind				Description
State GA	<input type="checkbox"/> Common Source				
Zip 30214-0355	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name / Business Name Sabrina	Date 08/25/2017	Occupation Administration	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Lamb					
Address 1441 Broadway					
Address2 1441 Broadway	<input checked="" type="checkbox"/> Monetary	Employer WorldOfMoney			
City New York	<input type="checkbox"/> Inkind				Description
State NY	<input type="checkbox"/> Common Source				
Zip 10018-1905	<input type="checkbox"/> Credit Received on Loan				
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 Lance Lucas Price & Associates LLC Last Name Address 1400 Veterans Memorial Hwy SE Address2 Ste 134-271 City Mableton State GA Zip 30126-2945 Aff. Comm.	Date 09/19/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer CPA	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Shirley Ann Last Name Langley Address 1106 Ralph D Abernathy Blvd SW Address2 City Atlanta State GA Zip 30310 Aff. Comm.	Date 08/20/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation CPA Employer Shirley Langley CPA	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00 Description
First Name / Business Name LARP Inc. Last Name Address 3233 Mary Dr Address2 City Marietta State GA Zip 30066-4347 Aff. Comm.	Date 09/06/2017 <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. \$2,000.00	Est. Value \$0.00 Description

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 Law Office of Lisa Simpson Hoover, P.C. Last Name Address 401 N Michigan Ave Address2 Ste 1200 City Chicago State IL Zip 60611-4264 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. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Allison Last Name Lawrence Jones Address PO Box 9554 Address2 City Richmond State VA Zip 23228-0554 Aff. Comm.	Date 07/20/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Owner/Principle Employer The Capitol Strategies Group, LLC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Jeffrey M. Last Name Leavitt Address 5850 Winterthur Dr Address2 City Atlanta State GA Zip 30328-4620 Aff. Comm.	Date 07/13/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer DLA Piper LLP (US)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$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 Albert Last Name Lee III Address 3195 Redona Dr. College Park GA, 30349 Address2 City Atlanta State GA Zip 30349 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 Pastor Employer The Christian Methodist Episcopal Church	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Description
First Name / Business Name Darryl Last Name Lesure Address 835 Harold Ave SE Address2 City Atlanta State GA Zip 30316-1219 Aff. Comm.	Date 08/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Supply Chain Manager Employer CFA, 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. \$250.00	Est. Value \$0.00 Description
First Name / Business Name Andrew Last Name Levy Address 322 Central Park W Address2 11B City New York State NY Zip 10025-7629 Aff. Comm.	Date 08/28/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Senior Counsel Employer DLA Piper	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$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 Charlie B	Date 09/26/2017	Occupation Operation 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 Lewis							
Address 457 Flat Shoals Ave SE							
Address2 Ste 2					<input checked="" type="checkbox"/> Monetary	Employer Lewis Contracting Services, LLC	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30316-1962					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Pascal R.	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. \$250.00	Est. Value \$0.00		
Last Name Lewis							
Address 540 New Haven Ct SW							
Address2					<input checked="" type="checkbox"/> Monetary	Employer Delta Air Lines	
City Atlanta					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30331-9012					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name LGZ Plastic, Inc.	Date 09/16/2017	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. \$200.00	Est. Value \$0.00		
Last Name							
Address 2404 Park Central Blvd							
Address2					<input checked="" type="checkbox"/> Monetary	Employer	
City Decatur					<input type="checkbox"/> Inkind		Description
State GA					<input type="checkbox"/> Common Source		
Zip 30035-3901					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							

Itemized Contribution Page Total

\$1,450.00

\$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 Jun	Date 09/16/2017	Occupation Manager	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00		
Last Name Lin							
Address 4981 Gallatree Ln Peachtree Corners							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer US-China Cultural Exchange	<input 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 Norcross							
State GA							Zip 30092
Aff. Comm.							
First Name / Business Name Morris O.	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 Little Jr.							
Address 19 Wieuca Trce NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Taylor English Duma, LLP	<input 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 30342-3856
Aff. Comm.							
First Name / Business Name Live Wire Electrical Systems, Inc.	Date 09/26/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00		
Last Name							
Address 12900 S Throop St							
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 Calumet Park							
State IL							Zip 60827-6499
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 Livewire Electrical Systems, Inc. Last Name Address 12900 S Throop St Address2 City Calumet Park State IL Zip 60827-6424 Aff. Comm.	Date 09/14/2017 <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 Kirsten Last Name Lollis Address 1548 Cambridge Ave Address2 City College Park State GA Zip 30337-2136 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 Self-employed Employer Georgia KL Ventures 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. \$100.00	Est. Value \$0.00 Description	
First Name / Business Name M. Edwards Group LLC Last Name Address 8105 Royal St Georges Ln Address2 City Duluth State GA Zip 30097-1650 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 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. \$500.00	Est. Value \$0.00 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 Harold	Date 09/30/2017	Occupation Real Estate Investment	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Maddox					Description	
Address 2365 Reynolds Rd SW						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer FourFour customs / MRH Development Corp				
City Atlanta						
State GA						Zip 30331-7779
Aff. Comm.						
First Name / Business Name Sheila A	Date 08/20/2017	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 Maddox					Description	
Address 3304 W Manor 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 Sheila Maddox, Inc.				
City Atlanta						
State GA						Zip 30311-2222
Aff. Comm.						
First Name / Business Name Brandeis	Date 08/20/2017	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 Malbrue					Description	
Address 161 Archstone Sq						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Malbrue Group				
City McDonough						
State GA						Zip 30253-5818
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 James	Date 09/28/2017	Occupation COO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Mallard					
Address 3885 Holcomb Bridge Rd					
Address2					
City Norcross					
State GA					Zip 30092-2269
Aff. Comm.					
First Name / Business Name Love	Date 08/28/2017	Occupation Advertising 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. \$100.00	Est. Value \$0.00
Last Name Malone					
Address 888 8th Ave					
Address2 2M					
City New York					
State NY					Zip 10019-5704
Aff. Comm.					
First Name / Business Name Elisha	Date 09/22/2017	Occupation Teacher	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Martin					
Address 7 Chief Matthews Rd					
Address2 Unit 2C					
City Decatur					
State GA					Zip 30030-2867
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 Petronia	Date 09/24/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Martin					
Address 2930 Edna Ln					
Address2					
City Decatur					
State GA					Zip 30032-5701
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Photography by Walter			
First Name / Business Name David	Date 08/24/2017	Occupation Executive	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Marvin					
Address 250 Park Avenue West NW					
Address2 Unit 909					
City Atlanta					
State GA					Zip 30313-1607
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 James J	Date 09/29/2017	Occupation Attorney at Law	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name McAlpin Jr					
Address 1201 W Peachtree St NW					
Address2					
City Atlanta					
State GA					Zip 30309-3471
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Bryan Cave			

Itemized Contribution Page Total

\$2,000.00

\$0.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Felicia	Date 08/30/2017	Occupation District Sales 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. \$250.00	Est. Value \$0.00
Last Name McDade					
Address PO Box 723754					
Address2					
City Atlanta					
State GA				Zip 31139-0754	
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 Sandra	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. \$100.00	Est. Value \$0.00
Last Name McDonald					
Address 4750 Guilford Forest Dr SW					
Address2					
City Atlanta					
State GA				Zip 30331-7394	
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 Thomas D	Date 09/07/2017	Occupation Principal & CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name McElroy					
Address 233 S Wacker Dr					
Address2					
City Chicago					
State IL				Zip 60606-7147	
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

\$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 Kevin J.	Date 08/30/2017	Occupation Financial Advisor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name McGowan					
Address 1205 Golden Trophy Dr					
Address2					
City Dallas					
State TX					Zip 75232-3422
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Merrill Lynch, Pierce, Fenner & Smith			Description
First Name / Business Name Janice	Date 09/11/2017	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 McKenzieCrayt					
Address 366 Ormond St SE					
Address2					
City Atlanta					
State GA					Zip 30315-2055
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 McKnight Roofing Inc	Date 09/17/2017	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 90 Flint River Rd					
Address2					
City Riverdale					
State GA					Zip 30274-4620
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

\$451.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name McLaurin Development Partners Ltd.	Date 09/07/2017	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 330 S Wells St						
Address2 Ste 511						
City Chicago	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer				
State IL						Zip 60606-7103
Aff. Comm.						
First Name / Business Name Jack L	Date 07/10/2017	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. \$500.00	Est. Value \$0.00	
Last Name McLean Jr.					Description	
Address 3012 Summerhill Rd						
Address2						
City Thomasville	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Jack McLean Jr LLC				
State GA						Zip 31757-0140
Aff. Comm.						
First Name / Business Name Robert	Date 08/04/2017	Occupation Medical 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. \$100.00	Est. Value \$0.00	
Last Name McNeil					Description	
Address						
Address2						
City Dunwoody	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired				
State GA						Zip
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 Richard L.	Date 09/26/2017	Occupation Chief Engineer-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. \$250.00	Est. Value \$0.00
Last Name Meehan					
Address 990 Hammond Dr					
Address2					
City Atlanta					
State GA					Zip 30328-5529
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Lowe Engineers LLC			
First Name / Business Name Justin	Date 09/18/2017	Occupation REO Preservation 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. \$1,000.00	Est. Value \$0.00
Last Name Meniffee					
Address 6686 Browns Mill Ferry Dr					
Address2					
City Lithonia					
State GA					Zip 30038-4549
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Executive Realty Solutions			
First Name / Business Name Xiaoyan M	Date 09/16/2017	Occupation Founder/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. \$100.00	Est. Value \$0.00
Last Name Mers					
Address 3540 Empire Blvd SW					
Address2					
City Atlanta					
State GA					Zip 30354-2638
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer MBM International Logistics			

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 Marie	Date 08/03/2017	Occupation 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 Metze					
Address 3259 Cascade Rd SW					
Address2					
City Atlanta					
State GA					Zip 30311-3633
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer State of Georgia			Description
First Name / Business Name MH Miles Company, CPA	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 1945 Mason Mill Rd					
Address2					
City Decatur					
State GA					Zip 30033-4074
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 Chereda Cookie	Date 09/25/2017	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. \$200.00	Est. Value \$0.00
Last Name Miller					
Address 1220 Creekside Pl SE					
Address2					
City Smyrna					
State GA					Zip 30082-4882
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Miller Realty LLC			Description

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 Gwendolyn	Date 08/09/2017	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 Mitchell-byrd					Description	
Address 1510 Huber St NW						
Address2						
City Atlanta						
State GA						
Zip 30318-3726					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atlanta Communications Co
Aff. Comm.	Description					
First Name / Business Name MJSG, LLC						
Last Name						
Address 747 Ralph McGill Blvd NE						
Address2 Unit 338						
City Atlanta	<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. \$500.00		
State GA					Description	
Zip 30312-1146						
Aff. Comm.						
First Name / Business Name Tameika						
Last Name Montgomery Esq.						
Address 6214 Queen Meadow Dr SE					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer King & Spalding LLP
Address2	Description					
City Mableton						
State GA						
Zip 30126-4692						
Aff. Comm.						

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 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. \$250.00	Est. Value \$0.00			
Last Name Moody								
Address 6017 Redan Rd								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer CEO			Description	
City Lithonia								
State GA								Zip 30058-5401
Aff. Comm.								
First Name / Business Name Mecca	Date 08/17/2017	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. \$200.00	Est. Value \$0.00			
Last Name Moore Tartt								
Address 4457 River Vista Rd								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer National Sales Network			Description	
City Ellenwood								
State GA								Zip 30294-6713
Aff. Comm.								
First Name / Business Name Levonder	Date 07/27/2017	Occupation Priority One Security	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Moore								
Address 2433 Deer Springs Ct								
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 Ellenwood								
State GA								Zip 30294-1170
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 Levonder	Date 08/27/2017	Occupation Priority One Security	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Moore							
Address 2433 Deer Springs Ct							
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 Ellenwood							
State GA							Zip 30294-1170
Aff. Comm.							
First Name / Business Name Levonder	Date 09/28/2017	Occupation Priority One Security	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Moore							
Address 2433 Deer Springs Ct							
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 Ellenwood							
State GA							Zip 30294-1170
Aff. Comm.							
First Name / Business Name Reuben A	Date 09/29/2017	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. \$60.00	Est. Value \$0.00		
Last Name Moore							
Address 1102 Fayetteville 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 atlanta	Description	
City Atlanta							
State GA							Zip 30316-3629
Aff. Comm.							

Itemized Contribution Page Total

\$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 Roger L.	Date 07/28/2017	Occupation Physician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Morales					
Address 85 Costleys Bridge Dr					
Address2					
City Oxford					
State GA					Zip 30054-2650
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Excellent Pediatrics			Description
First Name / Business Name Roger L.	Date 08/28/2017	Occupation Physician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Morales					
Address 85 Costleys Bridge Dr					
Address2					
City Oxford					
State GA					Zip 30054-2650
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Excellent Pediatrics			Description
First Name / Business Name Roger L.	Date 09/28/2017	Occupation Physician	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Morales					
Address 85 Costleys Bridge Dr					
Address2					
City Oxford					
State GA					Zip 30054-2650
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Excellent Pediatrics			Description

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 Kenneth	Date 08/28/2017	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. \$100.00	Est. Value \$0.00
Last Name Morrison					
Address 167 W 145th St					
Address2					
City New York					
State NY					Zip 10039-4205
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Lemor Development			Description
First Name / Business Name Stefan	Date 09/07/2017	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. \$500.00	Est. Value \$0.00
Last Name Mourillion					
Address 519 E 67th St					
Address2					
City Chicago					
State IL					Zip 60637-4001
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Morcom N V, Inc.			Description
First Name / Business Name Louis	Date 09/26/2017	Occupation Field Interviewer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Muhammad					
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 Mathematica Policy Research			Description

Itemized Contribution Page Total

\$701.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Dana	Date 08/28/2017	Occupation Communications 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 Muldraw					
Address 146 Rutland Rd					
Address2					
City Brooklyn					
State NY					Zip 11225-5373
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ernst & Young			Description
First Name / Business Name Djuan	Date 08/28/2017	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. \$250.00	Est. Value \$0.00
Last Name Neal					
Address 167 Monroe St					
Address2					
City Brooklyn					
State NY					Zip 11216-1310
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Morgan Stanley			Description
First Name / Business Name Joyce	Date 08/28/2017	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 Neal					
Address 1496 Gates Cir SE					
Address2					
City Atlanta					
State GA					Zip 30316-4096
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 Law Office of Joyce Neal LLC			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 Kenneth M	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					Description						
Address 35 Randolph St NE											
Address2											
City Atlanta											
State GA											
Zip 30312-1928					<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	2017	Cash Amt. \$100.00	Est. Value \$0.00		
Aff. Comm.											
First Name / Business Name Earl	Date 07/10/2017	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. \$100.00						Est. Value \$0.00	
Last Name Nero Jr.											Description
Address 235 Lawrence Pl											
Address2											
City Atlanta											
State GA											
Zip 30349-1068					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired	2017	Cash Amt. \$100.00	Est. Value \$0.00		
Aff. Comm.											
First Name / Business Name Christopher	Date 08/11/2017	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. \$100.00						Est. Value \$0.00	
Last Name Norman											Description
Address 220 Renaissance Pkwy NE											
Address2 Apt 1206											
City Atlanta											
State GA											
Zip 30308-2353					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fulton/Atlanta Land Bank Authority, Inc.	2017	Cash Amt. \$100.00	Est. Value \$0.00		
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 Chandra	Date 07/23/2017	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. \$60.00	Est. Value \$0.00
Last Name Norton					
Address 480 Darrow Dr					
Address2					
City Johns Creek					
State GA					Zip 30097-2430
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CamKen Consulting Inc.			Description
First Name / Business Name Roshawnna	Date 08/18/2017	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. \$10.00	Est. Value \$0.00
Last Name Novellus					
Address 1080 Peachtree St NE					
Address2 Unit 2515					
City Atlanta					
State GA					Zip 30309-6835
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Novellus Financial			Description
First Name / Business Name Charles	Date 08/21/2017	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. \$250.00	Est. Value \$0.00
Last Name O'neal					
Address 4811 Dove Creek Way					
Address2					
City Dallas					
State TX					Zip 75232-1409
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer STRATEGIQUE			Description

Itemized Contribution Page Total

\$320.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Darrell J	Date 08/31/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name O'neal					
Address 1170 Macon Hall Rd					
Address2					
City Cordova					
State TN					Zip 38018-6587
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Law Office of Darrell J O'Neal			Description
First Name / Business Name Oasis consulting services	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					
Address 45 Woodstock Rd					
Address2					
City Roswell					
State GA					Zip 30075-3559
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
First Name / Business Name Akin	Date 08/20/2017	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. \$250.00	Est. Value \$0.00
Last Name Ogundipe					
Address 960 Cooper Lake Rd SE					
Address2					
City Smyrna					
State GA					Zip 30082-4710
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ga kidney associates			Description

Itemized Contribution Page Total

\$1,450.00

\$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 Akin	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. \$60.00	Est. Value \$0.00
Last Name Ogundipe					
Address 960 Cooper Lake Rd SE					
Address2					
City Smyrna					
State GA					Zip 30082-4710
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ga kidney associates			Description
First Name / Business Name Trina	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. \$250.00	Est. Value \$0.00
Last Name Olidge					
Address 7465 Half Penny Pl					
Address2					
City Atlanta					
State GA					Zip 30350-5021
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 State University			Description
First Name / Business Name Lance Randall	Date 07/01/2017	Occupation Campaign 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. \$0.00	Est. Value \$125.00
Last Name Orchid					
Address 100 6th St NE					
Address2					
City Atlanta					
State GA					Zip 30308-1302
Aff. Comm.					
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ceasar Mitchell for Mayor			Description Canvass BBQ

Itemized Contribution Page Total

\$310.00

\$125.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of 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 Welch Law Firm	Date 09/23/2017	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. \$250.00	Est. Value \$0.00					
Last Name P.C.					Description					
Address 1882 Princeton Ave										
Address2 Ste 10										
City Atlanta										
State GA										
Zip 30337-3536					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Welch Law Firm, P.C.	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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	
Aff. Comm.										
First Name / Business Name Stephen	Date 08/28/2017	Occupation Chief Operating Officer (COO)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00						Description
Last Name Pamon										
Address 75 Glenview Rd										
Address2										
City South Orange										
State NJ										
Zip 07079-1060										
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Parkwood Entertainment	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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					
First Name / Business Name Patricia Russell McCloud DBA Russell McCloud And Associates						Date 09/14/2017	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	Description
Last Name										
Address PO Box 310043										
Address2										
City Atlanta										
State GA										
Zip 31131-0043										
Aff. Comm.	<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. \$2,500.00	Est. Value \$0.00					

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 Cristale	Date 08/20/2017	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 Patterson					
Address 227 Montrose Dr					
Address2					
City McDonough					
State GA					Zip 30253-4241
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 Gloria P.	Date 08/31/2017	Occupation Educator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Patterson					
Address 4044 Lyon Blvd SW					
Address2					
City Atlanta					
State GA					Zip 30331-6421
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 Peachtree Providence Partners	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. \$1,000.00	Est. Value \$0.00
Last Name					
Address 233 Peachtree Cir NE					
Address2					
City Atlanta					
State GA					Zip 30309-3206
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

\$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 David	Date 08/28/2017	Occupation Material Control 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 Pendergraft							
Address 1070 Saint James Xing NE							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer McCormick&Co			
City Brookhaven							
State GA							Zip 30319-1984
Aff. Comm.							
First Name / Business Name Jedan	Date 08/29/2017	Occupation Medical 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. \$2,000.00	Est. Value \$0.00		
Last Name Phillips							
Address							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Stony Brook University Hospital			
City							
State							Zip
Aff. Comm.							
First Name / Business Name Wendell	Date 08/25/2017	Occupation Actor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Pierce							
Address 1074 Pine Oak Ln							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer The Cinque Group			
City Pasadena							
State CA							Zip 91105-1139
Aff. Comm.							

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 Alan E.	Date 09/28/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Pinado					
Address 650 Phipps Blvd NE					
Address2 Apt 1809					
City Atlanta					
State GA					Zip 30326-3297
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 Blondel	Date 08/29/2017	Occupation Chief Lending 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. \$100.00	Est. Value \$0.00
Last Name Pinnock					
Address 75 W 125th St					
Address2					
City New York					
State NY					Zip 10027-4512
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Carver Federal Savings bank			Description
First Name / Business Name Shona	Date 08/28/2017	Occupation HR 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 Pinnock					
Address 3334 Kingsland Ave					
Address2					
City Bronx					
State NY					Zip 10469-2712
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Consumer Reports			Description

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 Sholah P.	Date 09/26/2017	Occupation Physician	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Pittman					
Address 2225 Palmour Ct					
Address2					
City College Park					
State GA					Zip 30337-1055
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer TSPMG			Description
First Name / Business Name Page	Date 07/16/2017	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 Porter					
Address 180 Harriett St SE					
Address2					
City Atlanta					
State GA					Zip 30315-4086
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 Alexandru	Date 07/06/2017	Occupation Controller	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Postolachi					
Address 4010 Camden Way					
Address2					
City Alpharetta					
State GA					Zip 30005-4454
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Integrated Utility Services USA, Inc			Description

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 Potomac Restoration Inc.	Date 09/26/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00			
Last Name								
Address 1201 15th 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			Description	
City Washington								
State DC								Zip 20005-2899
Aff. Comm.								
First Name / Business Name Jessie	Date 08/20/2017	Occupation Retired 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. \$300.00	Est. Value \$0.00			
Last Name Pottsdamer-Watson								
Address PO Box 42798								
Address2 Atlanta GA30311		<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 30311-0798	
Aff. Comm.								
First Name / Business Name Nancy	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. \$180.00	Est. Value \$0.00			
Last Name Prager								
Address 77 E Andrews Dr NW								
Address2 Unit 3419		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer prager law		Description		
City Atlanta								
State GA							Zip 30305-1488	
Aff. Comm.								

Itemized Contribution Page Total

\$980.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Scarlet	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 Pressley-Brown					
Address 2701 Peyton Springs Cir SW					
Address2					
City Atlanta					
State GA					Zip 30311-2163
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dentons US LLP			Description
First Name / Business Name Danyale	Date 08/25/2017	Occupation Head of Diversity	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Price					
Address 10 Mount Morris Park W					
Address2 Apt 4					
City New York					
State NY					Zip 10027-6512
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Paul Weiss			Description
First Name / Business Name GERAUD	Date 07/10/2017	Occupation Executive 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. \$100.00	Est. Value \$0.00
Last Name PRINCE					
Address 5035 Guilford Forest Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-9014
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

\$1,600.00

\$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 Stanley Stan	Date 09/30/2017	Occupation College 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. \$100.00	Est. Value \$0.00
Last Name Pritchett PhD					Description
Address 523 Monteagle Trce					
Address2					
City Stone Mountain					
State GA					
Zip 30087-4937					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Morris Brown College			
First Name / Business Name Progressive Employment Legislation PAC	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. \$2,600.00	Est. Value \$0.00
Last Name					Description
Address PO Box 2486					
Address2					
City Suwanee					
State GA					
Zip 30024-0981					
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 Monica	Date 07/21/2017	Occupation Workforce 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. \$2,500.00	Est. Value \$0.00
Last Name Ray					Description
Address 3215 Martin L. King, Jr. Avneue, SE					
Address2					
City Washington					
State DC					
Zip 20032					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Congress Heights Community Training & Development Corporation			

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 Subash	Date 09/28/2017	Occupation Civil/Environmental	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Razdan					
Address 4059 Keswick Dr SE					
Address2					
City Atlanta					
State GA					Zip 30339-4427
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer COA			Description
First Name / Business Name Tandi	Date 08/30/2017	Occupation Communications 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 Reddick					
Address 186 Bowen Cir SW					
Address2					
City Atlanta					
State GA					Zip 30315-2600
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 Lottery Corporation			Description
First Name / Business Name Brandon	Date 08/22/2017	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. \$250.00	Est. Value \$0.00
Last Name Reese					
Address 793 Sawyer Rd					
Address2					
City Marietta					
State GA					Zip 30062-2222
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Wellstar			Description

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 Floyd	Date 09/03/2017	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. \$150.00	Est. Value \$0.00
Last Name Reeves					
Address 1270 Spring Crk SW					
Address2					
City Atlanta					
State GA					Zip 30311-2426
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 APD			Description
First Name / Business Name Retail Wholesale & Dept. Store Union	Date 08/31/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name					
Address 7 Penn Plz					
Address2 Ste 501					
City New York					
State NY					Zip 10001-0019
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 Retail Wholesale & Dept. Store Union	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 7 Penn Plz					
Address2 Ste 501					
City New York					
State NY					Zip 10001-0019
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

\$1,650.00

\$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 James	Date 09/28/2017	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. \$250.00	Est. Value \$0.00	
Last Name Rhoden III						
Address 1642 Powers Ferry Rd SE						
Address2 Ste 250	<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 Marietta						
State GA						Zip 30067-9426
Aff. Comm.						
First Name / Business Name Jerika	Date 08/28/2017	Occupation Public Administration	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00	
Last Name Richardson						
Address 300 W 135th St						
Address2 Apt 7R	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer NYC Civilian Complaint Review Board			Description	
City New York						
State NY						Zip 10030-2761
Aff. Comm.						
First Name / Business Name Ringold Financial Management Services	Date 09/07/2017	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 850 S Wabash Ave						
Address2 Ste 320	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description	
City Chicago						
State IL						Zip 60605-3642
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 Joseph & Marjanita	Date 09/30/2017	Occupation Minister, Business	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Ripley					
Address PO Box 3125					
Address2					
City Peachtree City					
State GA					Zip 30269-7125
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BOCCI INC.			Description
First Name / Business Name Marjanita	Date 08/18/2017	Occupation Executive	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Ripley					
Address 1029 N Peachtree Pkwy					
Address2 # 219					
City Peachtree City					
State GA					Zip 30269-4210
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer BOCCI, Inc			Description
First Name / Business Name Larry	Date 09/22/2017	Occupation Harlem Globetrotter Legend	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Rivers					
Address 1402					
Address2					
City Savannah					
State GA					Zip 31404
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Naismith Foundation ain't.			Description

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 Sidney Robbins	Date 09/22/2017	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 Robbins					
Address PO Box 4079					
Address2					
City Atlanta					
State GA					Zip 30302-4079
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 MICHAEL V.	Date 08/31/2017	Occupation BUSINESSMAN	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name ROBERTS Sr.					
Address 1408 N Kingshighway Blvd					
Address2					
City Saint Louis					
State MO					Zip 63113-1400
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 Allie	Date 08/20/2017	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. \$50.00	Est. Value \$0.00
Last Name Robinson Terry					
Address 1785 Loch Lomond Trl SW					
Address2					
City Atlanta					
State GA					Zip 30331-7431
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

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 Craig	Date 08/09/2017	Occupation Executive	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Robinson					
Address 111 W 111th St					
Address2 Apt 8227	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Newmark			Description
City New York					
State NY				Zip 10026-4260	
Aff. Comm.					
First Name / Business Name Candace	Date 07/27/2017	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. \$300.00	Est. Value \$0.00
Last Name Rodriguez					
Address 1205 Hailey Springs Ct					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Home Depot			Description
City Marietta					
State GA				Zip 30062-4771	
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. \$600.00	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

\$1,900.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Joe	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. \$500.00	Est. Value \$0.00	
Last Name Rowell						
Address 502 Pryor St SW						
Address2 Unit 122	<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 30312-2762
Aff. Comm.						
First Name / Business Name Harvey S	Date 09/29/2017	Occupation Real Estate Developer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Rudy						
Address 729 Buff 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 Greenstone Properties			Description	
City Atlanta						
State GA						Zip 30342-3901
Aff. Comm.						
First Name / Business Name H. Jerome	Date 09/29/2017	Occupation President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$750.00	Est. Value \$0.00	
Last Name Russell Jr.						
Address 504 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 H. J. Russell Company			Description	
City Atlanta						
State GA						Zip 30313-1206
Aff. Comm.						

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 Christopher	Date 09/26/2017	Occupation Senior 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. \$102.00	Est. Value \$0.00
Last Name Rutledge					
Address 2955 Seven Pines Ln					
Address2					
City Atlanta					
State GA					Zip 30339-5833
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer CBRE			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name S.A.L. Holdings Inc	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. \$1,500.00	Est. Value \$0.00
Last Name					
Address 1115 Ralph Rd NE					
Address2 Abernathy					
City Atlanta					
State GA					Zip 30324-4649
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Sandeep Soni TRT/Sandeep Soni TTEE	Date 08/22/2017	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 2221 Peachtree Rd NE					
Address2 Ste D649					
City Atlanta					
State GA					Zip 30309-1148
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer			
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contribution Page Total

\$4,102.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Janet	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. \$100.00	Est. Value \$0.00
Last Name Scott					
Address 1478 Custer Avenue Unit 721					
Address2					
City Atlanta					
State GA					Zip 30316-3304
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Smith, Welch, Webb & White, LLC			Description
First Name / Business Name Vetia	Date 08/29/2017	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. \$100.00	Est. Value \$0.00
Last Name Searcy					
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 Chase			Description
First Name / Business Name R. K.	Date 08/21/2017	Occupation 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 Seghal					
Address 55 Cliffside Xing					
Address2					
City Atlanta					
State GA					Zip 30350-2704
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Mindvine Consulting, Inc.			Description

Itemized Contribution Page Total

\$1,200.00

\$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 Cathy	Date 07/26/2017	Occupation Chief Financial 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 Selig					
Address 1100 Spring St NW					
Address2 Ste 550	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Sss Holding Company			Description
City Atlanta					
State GA				Zip 30309-2857	
Aff. Comm.					
First Name / Business Name Guohua	Date 09/16/2017	Occupation President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Sha					
Address 1324 Nantahala Trl					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Kwong Tuang Association of Atlanta			Description
City Marietta					
State GA				Zip 30062-8806	
Aff. Comm.					
First Name / Business Name William	Date 09/26/2017	Occupation Executive 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. \$2,000.00	Est. Value \$0.00
Last Name Shack Jr.					
Address 57269 Selecta Ave					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Motown Revue Hitzville The Show			Description
City Yucca Valley					
State CA				Zip 92284-9509	
Aff. Comm.					

Itemized Contribution Page Total

\$2,601.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Sylvia	Date 09/16/2017	Occupation Chinese Mandarin&Cantonese Translator	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Sham					
Address 12120 Wexford Overlook					
Address2					
City Roswell					
State GA					Zip 30075-5561
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 Keith	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. \$260.00	Est. Value \$0.00
Last Name Sharp					
Address 3650 Habersham Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1177
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Keller Williams Realty Buckhead			Description
First Name / Business Name Shawn Brown Enterprises	Date 09/07/2017	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 1401 E 70th Street					
Address2					
City Chicago					
State IL					Zip 60637-4811
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contribution Page Total

\$861.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name James	Date 07/04/2017	Occupation Executive	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Shepherd					
Address 1414 Wesley Walk NW					
Address2					
City Atlanta					
State GA					Zip 30327-1711
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer shepherd center, inc.			Description
First Name / Business Name R	Date 09/18/2017	Occupation Talent 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. \$200.00	Est. Value \$0.00
Last Name Shrager					
Address 1912 Greystone Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-2623
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer People Store Inc			Description
First Name / Business Name Josh	Date 08/09/2017	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 Silverman					
Address 270 Riverside Dr					
Address2 Apt 11A					
City New York					
State NY					Zip 10025-5211
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description

Itemized Contribution Page Total

\$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.
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Jerry L.	Date 09/26/2017	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 Silvo					
Address 646 Kentucky St					
Address2 Bldg B					
City Scottdale					
State GA					Zip 30079-1134
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Silvo Development Company			Description
First Name / Business Name Jamal	Date 07/17/2017	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 Simmons					
Address 440 Rhode Island Ave NW					
Address2 Apt 104					
City Washington					
State DC					Zip 20001-2230
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 Raben Group			Description
First Name / Business Name King	Date 09/16/2017	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. \$500.00	Est. Value \$0.00
Last Name Simmons					
Address 5391 Vinings Lake Vw SW					
Address2					
City Mableton					
State GA					Zip 30126-2545
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer American Golf Corporation			Description

Itemized Contribution Page Total

\$1,000.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Benjamin	Date 09/29/2017	Occupation President and CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Skyles					
Address 1050 Connecticut Ave NW					
Address2					
City Washington					
State DC					Zip 20036-5303
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer ProSource 360 Inc			Description
First Name / Business Name Erica A	Date 08/20/2017	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. \$250.00	Est. Value \$0.00
Last Name Slaton					
Address 4522 Meadow Vista Trce					
Address2					
City Lithonia					
State GA					Zip 30038-7714
Aff. Comm.					
	<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
First Name / Business Name Erica A	Date 09/18/2017	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 Slaton					
Address 4522 Meadow Vista Trce					
Address2					
City Lithonia					
State GA					Zip 30038-7714
Aff. Comm.					
	<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

Itemized Contribution Page Total

\$900.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Garrian	Date 09/29/2017	Occupation CPA	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00	
Last Name Sledge						
Address 2870 Peachtree Rd NW						
Address2 Ste 281	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CPA Tax Advisors LLC			Description	
City Atlanta						
State GA						Zip 30305-2918
Aff. Comm.						
First Name / Business Name Antoine	Date 09/29/2017	Occupation Manager	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00	
Last Name Smith						
Address 8108 Mountain Pass						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Newjacksmit, LLC			Description	
City Riverdale						
State GA						Zip 30274-4812
Aff. Comm.						
First Name / Business Name Gregory	Date 08/21/2017	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. \$1,000.00	Est. Value \$0.00	
Last Name Smith						
Address 24 Bender Rd						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Employed			Description	
City New City						
State NY						Zip 10956-7215
Aff. Comm.						

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 Regina L	Date 09/05/2017	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. \$250.00	Est. Value \$0.00			
Last Name Smith								
Address 103 W 130th St								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Harlem Business Alliance			Description	
City New York								
State NY								Zip 10027-2007
Aff. Comm.								
First Name / Business Name Rob	Date 08/09/2017	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. \$1,000.00	Est. Value \$0.00			
Last Name Smith								
Address 474 Park 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 Rob Smith and Assoc.			Description	
City Atlanta								
State GA								Zip 30312-3452
Aff. Comm.								
First Name / Business Name Davon	Date 08/28/2017	Occupation Manager	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00			
Last Name Snipes								
Address 313 W 143rd St								
Address2 Apt 2B		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Google			Description	
City New York								
State NY								Zip 10030-1203
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 Anthony L.	Date 08/28/2017	Occupation Financial 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 Stephens					
Address 19736 Westmoreland Rd					
Address2					
City Detroit					
State MI					Zip 48219-5105
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Delphi			
First Name / Business Name Harry M.	Date 07/10/2017	Occupation US Gov	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Stephens					
Address 2829 Brookford Ln SW					
Address2					
City Atlanta					
State GA					Zip 30331-8118
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homeland Security			
First Name / Business Name Harry M.	Date 09/23/2017	Occupation US Gov	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Stephens					
Address 2829 Brookford Ln SW					
Address2					
City Atlanta					
State GA					Zip 30331-8118
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Homeland Security			

Itemized Contribution Page Total

\$1,200.00

\$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 Paris	Date 09/22/2017	Occupation Paralegal	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Stewart							
Address 220 Church St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Williams & Associates			
City Decatur							
State GA							Zip 30030-3328
Aff. Comm.							
First Name / Business Name David	Date 07/28/2017	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. \$160.00	Est. Value \$0.00		
Last Name Stockton							
Address 1100 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 Self Employed			
City Atlanta							
State GA							Zip 30309-4501
Aff. Comm.							
First Name / Business Name David	Date 08/28/2017	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. \$160.00	Est. Value \$0.00		
Last Name Stockton							
Address 1100 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 Self Employed			
City Atlanta							
State GA							Zip 30309-4501
Aff. Comm.							

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 David	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. \$160.00	Est. Value \$0.00
Last Name Stockton					
Address 1100 Peachtree St NE					
Address2					
City Atlanta					
State GA					Zip 30309-4501
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 Miguel E.	Date 07/10/2017	Occupation Internal Medicine	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Stubbs MD					
Address 3154 Abbey Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-5467
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 James	Date 08/28/2017	Occupation Attorney at Law	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Sullivan					
Address 90 Park Ave					
Address2					
City New York					
State NY					Zip 10016-1301
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Alston&Bird L.L.P			Description

Itemized Contribution Page Total

\$1,310.00

\$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 Jerre	Date 09/16/2017	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 Swann					
Address 260 Beverly Rd NE					
Address2					
City Atlanta					
State GA					Zip 30309-2666
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Fish & Richardson, P.C.			Description
First Name / Business Name Alduan	Date 08/20/2017	Occupation Psychologist/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. \$200.00	Est. Value \$0.00
Last Name Tartt					
Address 4457 River Vista Rd					
Address2					
City Ellenwood					
State GA					Zip 30294-6713
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Visionary Minds Inc.			Description
First Name / Business Name Christopher	Date 09/16/2017	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. \$0.00	Est. Value \$119.10
Last Name Taylor					
Address					
Address2					
City					
State					Zip
Aff. Comm.					
	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description Breakfast pastries for Day of Action

Itemized Contribution Page Total

\$700.00

\$119.10

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Chuck	Date 09/29/2017	Occupation CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00	
Last Name Taylor						
Address 197 14th St NW						
Address2 Ste 250	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer HT Group, LLC			Description	
City Atlanta						
State GA						Zip 30318-7819
Aff. Comm.						
First Name / Business Name Keisha V.	Date 08/30/2017	Occupation Sr. VP Integrated 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 Taylor						
Address 5055 Addison Cir						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Learfield Sports			Description	
City Addison						
State TX						Zip 75001-6317
Aff. Comm.						
First Name / Business Name Sue Ann	Date 09/23/2017	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. \$200.00	Est. Value \$0.00	
Last Name Taylor						
Address 360 E Marietta St						
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Blue Heron Films			Description	
City Canton						
State GA						Zip 30114-3017
Aff. Comm.						

Itemized Contribution Page Total

\$950.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Art and Brooke	Date 08/21/2017	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. \$250.00	Est. Value \$0.00
Last Name Terrell					
Address 3932 Herron Ln SW					
Address2					
City Atlanta					
State GA				Zip 30349-1599	
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 Antonio	Date 09/20/2017	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 Terry					
Address 320 N De Villiers St					
Address2 Apt A					
City Pensacola					
State FL				Zip 32501-3862	
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 The Bene-Fit Group	Date 08/31/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,600.00	Est. Value \$0.00
Last Name					
Address 11720 Katy Fwy					
Address2 Ste 1600					
City Houston					
State TX				Zip 77079-1259	
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

\$3,100.00

\$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 Erinn D	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. \$500.00	Est. Value \$0.00	
Last Name Thomas						
Address 154 Whitefoord Ave NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Blue Rose Consulting LLC			Description	
Address2						
City Atlanta						
State GA						Zip 30307-2804
Aff. Comm.						
First Name / Business Name Wanda Gurley	Date 09/29/2017	Occupation R.S. Thomas Training Associates	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Thomas						
Address 40 White Shark Cv	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer VP Business Development			Description	
Address2						
City Sharpsburg						
State GA						Zip 30277-1519
Aff. Comm.						
First Name / Business Name Kara L	Date 08/20/2017	Occupation Director Corporate Human Resources EEO Programs	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Thompson						
Address 6520 Roswell Rd	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Atrium Hospitality			Description	
Address2 Unit 60						
City Atlanta						
State GA						Zip 30328-3139
Aff. Comm.						

Itemized Contribution Page Total

\$1,200.00

\$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 Toro Construction Corp	Date 09/07/2017	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 4556 W 61st St							
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 Chicago							
State IL							Zip 60629-5442
Aff. Comm.							
First Name / Business Name Rita	Date 09/22/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00		
Last Name Tucker Williams							
Address 220 Church St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Williams & Associates, PC	<input 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 Decatur							
State GA							Zip 30030-3328
Aff. Comm.							
First Name / Business Name Dwayne L.	Date 09/14/2017	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. \$200.00	Est. Value \$0.00		
Last Name Turner D.D.S., MBA							
Address							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Colgate	<input 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 Alpharetta							
State GA							Zip
Aff. Comm.							

Itemized Contribution Page Total

\$950.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Van	Date 08/28/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Turner					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 Bruce Turner PLLC			
City					
State Zip					
Aff. Comm.					
First Name / Business Name Van	Date 08/31/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Turner					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 Bruce Turner PLLC			
City					
State Zip					
Aff. Comm.					
First Name / Business Name Brenda	Date 09/06/2017	Occupation Nonprofit Organization 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. \$100.00	Est. Value \$0.00
Last Name Turpeau					Description
Address 1701 Adams 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			
City Atlanta					
State Zip GA 30311-3627					
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 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. \$260.00	Est. Value \$0.00			
Last Name Tuttle								
Address 7543 Island Mill 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 JAT Consulting Services, Inc.			Description	
City Acworth								
State GA								Zip 30102-2652
Aff. Comm.								
First Name / Business Name Jesse	Date 09/25/2017	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. \$500.00	Est. Value \$0.00			
Last Name Tyson								
Address 110 Mediterra Way Ct								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer National Black MBA Association			Description	
City Spring								
State TX								Zip 77389-5160
Aff. Comm.								
First Name / Business Name U.S. Architectural Glass&Metal, Inc.	Date 09/07/2017	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 1002 East 87th Street								
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 Chicago								
State IL								Zip 60619-6314
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 United Consulting	Date 09/26/2017	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$600.00	Est. Value \$0.00		
Last Name							
Address 625 Holcomb Bridge Rd							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			
City Norcross							
State GA							Zip 30071-2045
Aff. Comm.							
First Name / Business Name United Consulting	Date 09/26/2017	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 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							
Address 625 Holcomb Bridge Rd							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			
City Norcross							
State GA							Zip 30071-2045
Aff. Comm.							
First Name / Business Name Universal Investment Group INC	Date 09/17/2017	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 2434 Gresham Rd SE							
Address2 Ste H		<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 30316-4130
Aff. Comm.							

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 V.T. Used Tire Co., INC	Date 09/17/2017	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. \$200.00	Est. Value \$0.00
Last Name				Description	
Address 715 W Whitehall St SW					
Address2 Atlanta	<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 Edward	Date 09/28/2017	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. \$100.00	Est. Value \$0.00
Last Name Van Horne				Description	
Address 108 John McCain Rd					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer AMR			
City Colleyville					
State TX					
Aff. Comm.					
First Name / Business Name Skip	Date 09/22/2017	Occupation Sr. 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 Vaughan				Description	
Address 1756 Buckhead 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 PepsiCo			
City Atlanta					
State GA					
Aff. Comm.					

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 Carolyn	Date 09/03/2017	Occupation Corporate 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. \$100.00	Est. Value \$0.00
Last Name Waddy					
Address 501 Brook Hollow Cir SE					
Address2					
City Marietta					
State GA					Zip 30067-4801
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Chick-Fil-A			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
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. \$101.00	Est. Value \$0.00
Last Name Walker					
Address 2861 Engle Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-7216
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer Tax Attorney			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Kevin	Date 08/24/2017	Occupation Strategist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$101.00	Est. Value \$0.00
Last Name Walker					
Address 6348 Elder Grove Dr					
Address2					
City Dallas					
State TX					Zip 75232-2920
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary	Employer The Marketing Arm			Description
	<input type="checkbox"/> Inkind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contribution Page Total

\$302.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name William	Date 08/25/2017	Occupation Private Equity Investment 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 Walker					
Address 1513 Bayberry Ct					
Address2					
City Plano					
State TX					Zip 75093-5239
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer RLJ Equity Partners			
First Name / Business Name Carra Lynette	Date 08/28/2017	Occupation Chief Diversity 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. \$100.00	Est. Value \$0.00
Last Name Wallace					
Address 380 Rector Pl					
Address2 Apt 11F					
City New York					
State NY					Zip 10280-1446
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Office of NYC Comptroller Scott M. Stringer			
First Name / Business Name Christopher	Date 09/29/2017	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. \$1,000.00	Est. Value \$0.00
Last Name Waller					
Address 625 Jewel Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-8371
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Butler Street CME church			

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 Michael	Date 08/28/2017	Occupation Clergy	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Walrond					
Address 800 Park Ave					
Address2 Apt 2708					
City Fort Lee					
State NJ					Zip 07024-3779
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer FCBC			Description
First Name / Business Name Meka	Date 08/21/2017	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Ward					
Address 4365 Park Center Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-2067
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
First Name / Business Name So	Date 09/21/2017	Occupation Consultant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name Warner					
Address 7750 Dunvegan Close					
Address2					
City Atlanta					
State GA					Zip 30350-5504
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Ashton International			Description

Itemized Contribution Page Total

\$950.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Joel	Date 09/23/2017	Occupation Software Analyst 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. \$113.00	Est. Value \$0.00	
Last Name Washington						
Address 1135 Antioch Dr NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Conduit			Description	
Address2						
City Brookhaven						
State GA						Zip 30319-2303
Aff. Comm.						
First Name / Business Name Yvonne	Date 08/15/2017	Occupation Delivery Project 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. \$100.00	Est. Value \$0.00	
Last Name Washington						
Address 1 Alston Pl NE	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer IBM Corporation			Description	
Address2						
City Atlanta						
State GA						Zip 30324-2858
Aff. Comm.						
First Name / Business Name Felicia	Date 08/16/2017	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. \$150.00	Est. Value \$0.00	
Last Name Wasson						
Address 6348 Stonelake Dr SW	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer The Coca-Cola Company			Description	
Address2						
City Atlanta						
State GA						Zip 30331-8101
Aff. Comm.						

Itemized Contribution Page Total

\$363.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Jodi	Date 08/20/2017	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 Watson					
Address 1007 Leah Ln SE					
Address2					
City Atlanta					
State GA					Zip 30316-2822
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 Rey	Date 09/22/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Watson					
Address 2018 Clarkston Dr					
Address2					
City Augusta					
State GA					Zip 30909-0606
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 Paulette	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. \$450.00	Est. Value \$0.00
Last Name Weaver					
Address 1223 Skyline Dr					
Address2					
City Fayetteville					
State NC					Zip 28314-6055
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				

Itemized Contribution Page Total

\$1,550.00

\$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 Sylvia	Date 08/21/2017	Occupation flight attendant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Webb					
Address 5271 Afton Way SE					
Address2					
City Smyrna					
State GA				Zip 30080-2678	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer American Airlines			
First Name / Business Name Derek	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. \$200.00	Est. Value \$0.00
Last Name Welch					
Address 1882 Princeton Ave					
Address2 Ste 10					
City Atlanta					
State GA				Zip 30337-3536	
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 Welch Law Firm			
First Name / Business Name Duane	Date 09/22/2017	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. \$150.00	Est. Value \$0.00
Last Name Welch					
Address 129 Dolphin Dr					
Address2					
City Raeform					
State NC				Zip 28376-5431	
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CACI Technology			

Itemized Contribution Page Total

\$410.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Lionel	Date 09/22/2017	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$200.00	Est. Value \$0.00
Last Name Welch					
Address 5303 Sweetsprings Ln SW					
Address2					
City Powder Springs					
State GA					Zip 30127-8401
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 Tanya	Date 09/23/2017	Occupation Paralegal	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Welch					
Address 5303 Sweetsprings Ln SW					
Address2					
City Powder Springs					
State GA					Zip 30127-8401
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 Welch Law Firm, P.C.			Description
First Name / Business Name Major J.	Date 09/23/2017	Occupation Public Safety	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Wells Jr.					
Address 502 Pryor St SW					
Address2 Unit 228					
City Atlanta					
State GA					Zip 30312-2766
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description

Itemized Contribution Page Total

\$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 Adrienne	Date 09/27/2017	Occupation VP 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. \$250.00	Est. Value \$0.00
Last Name White CPA					
Address 3324 Marla Blvd NW					
Address2					
City Norcross					
State GA					Zip 30092-6652
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Center for Civil and Human Rights			Description
First Name / Business Name Kathy J	Date 08/20/2017	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. \$50.00	Est. Value \$0.00
Last Name White					
Address 3071 Lenox Rd NE					
Address2 Apt 18					
City Atlanta					
State GA					Zip 30324-2840
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Andrew J Young Foundation, Inc			Description
First Name / Business Name Todd	Date 08/28/2017	Occupation Real estate Developer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Wiley					
Address 133 S Oxford St					
Address2					
City Brooklyn					
State NY					Zip 11217-1603
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

\$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 Willaims	Date 09/07/2017	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 2255 S Wabash 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 Special Primary	Description	
City Chicago							
State IL							Zip 60616-2109
Aff. Comm.							
First Name / Business Name Blake	Date 09/22/2017	Occupation Office 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 Williams							
Address 220 Church St							
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Williams & Associates, PC	<input type="checkbox"/> Run-Off Special Primary	Description	
City Decatur							
State GA							Zip 30030-3328
Aff. Comm.							
First Name / Business Name Brandon R.	Date 09/23/2017	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. \$200.00	Est. Value \$0.00		
Last Name Williams							
Address PO Box 19511							
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"/> Run-Off Special Primary	Description	
City Atlanta							
State GA							Zip 30325-0511
Aff. Comm.							

Itemized Contribution Page Total

\$1,400.00

\$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 Charles E.	Date 09/17/2017	Occupation Property Manager	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Williams					
Address 1107 Ralph David Abernathy Blvd SW					
Address2 Ofc ADDRESS	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Elexis Properties			Description
City Atlanta					
State GA				Zip 30310-1795	
Aff. Comm.					
First Name / Business Name Clarence D.	Date 09/12/2017	Occupation Litigation support technology 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 Williams					
Address 2522 Timber Run N					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Keating Muething Klekamp			Description
City Riviera Beach					
State FL				Zip 33407-1506	
Aff. Comm.					
First Name / Business Name Dawanna	Date 08/28/2017	Occupation Lawyer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Williams					
Address 601 W 57th St					
Address2 25E	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Dabar Development			Description
City New York					
State NY				Zip 10019-1063	
Aff. Comm.					

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 Marie	Date 09/21/2017	Occupation 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. \$100.00	Est. Value \$0.00
Last Name Williams					
Address 110 Aprils Way					
Address2					
City Union City					
State GA					Zip 30291-6541
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Unemployed			
First Name / Business Name Raymond	Date 09/24/2017	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. \$200.00	Est. Value \$0.00
Last Name Williams Jr.					
Address 4544 Investors Ln					
Address2					
City Ellenwood					
State GA					Zip 30294-6415
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Southside Medical Center			
First Name / Business Name Scott H	Date 09/27/2017	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 Williams					
Address 3645 Marketplace Blvd					
Address2 Ste 130-576					
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 Gateway Construction Company			

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 Shamita M	Date 08/19/2017	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. \$50.00	Est. Value \$0.00		
Last Name Williams					Description		
Address 306 Hillridge Cv							
Address2 Apt 304						<input checked="" type="checkbox"/> Monetary	Employer VA Carl Vincient
City Lizella						<input type="checkbox"/> Inkind	
State GA						<input type="checkbox"/> Common Source	
Zip 31052-3633					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Travis	Date 07/01/2017	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. \$100.00	Est. Value \$0.00		
Last Name Williams					Description		
Address 37 Cornelia St SE							
Address2						<input checked="" type="checkbox"/> Monetary	Employer Self
City Atlanta						<input type="checkbox"/> Inkind	
State GA						<input type="checkbox"/> Common Source	
Zip 30312-1905					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							
First Name / Business Name Travis	Date 07/10/2017	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. \$100.00	Est. Value \$0.00		
Last Name Williams					Description		
Address 37 Cornelia St SE							
Address2						<input checked="" type="checkbox"/> Monetary	Employer Self
City Atlanta						<input type="checkbox"/> Inkind	
State GA						<input type="checkbox"/> Common Source	
Zip 30312-1905					<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.							

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 Kimberly	Date 08/28/2017	Occupation Staff Psychologist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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-Collins					
Address 1314 Singing Trees Dr					
Address2					
City Memphis					
State TN					Zip 38116-4359
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer University of Memphis			Description
First Name / Business Name Angus	Date 09/26/2017	Occupation Photographer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Wilson					
Address 2886 Dogwood Dr					
Address2					
City East Point					
State GA					Zip 30344-3902
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Nile Images			Description
First Name / Business Name Gregory J.	Date 09/29/2017	Occupation Area 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 Wilson					
Address 1000 Abernathy Rd					
Address2 Ste 400					
City Atlanta					
State GA					Zip 30328-5614
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Arcadis Design			Description

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 Jean Eddy	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 Sr.					
Address 1720 Conway Isle Cir					
Address2					
City Belle Isle					
State FL					Zip 32809-3500
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Greenberg Taurig			Description
First Name / Business Name Michael	Date 09/29/2017	Occupation Government employee	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Wilson					
Address 525 Constellation Overlook SW					
Address2					
City Atlanta					
State GA					Zip 30331-1903
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 Housing Authority			Description
First Name / Business Name Lani	Date 09/16/2017	Occupation home maker	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Wong					
Address 5483 Redbark Way					
Address2					
City Dunwoody					
State GA					Zip 30338-2629
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer none			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 Jerry D.	Date 09/03/2017	Occupation Presiding Elder; 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. \$120.00	Est. Value \$0.00
Last Name Woodfork Sr.					
Address 1315 Heatherland Dr SW					
Address2					
City Atlanta					
State GA					Zip 30331-7405
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer CME Church			Description
First Name / Business Name Crystal D.	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. \$1,000.00	Est. Value \$0.00
Last Name Woods					
Address PO Box 311062					
Address2					
City Atlanta					
State GA					Zip 31131-1062
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SouthStar			Description
First Name / Business Name Deirdre	Date 09/30/2017	Occupation Homemaker	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$600.00	Est. Value \$0.00
Last Name Woods					
Address 4015 Randall Mill Rd NW					
Address2					
City Atlanta					
State GA					Zip 30327-3103
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer My husband			Description

Itemized Contribution Page Total

\$1,720.00

\$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 Worthmor 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. \$100.00	Est. Value \$0.00		
Last Name					Description		
Address 120 High Point Walk							
Address2							
City Atlanta							
State GA							
Zip 30342-2480					<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 Bernadette	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 Wright							Description
Address 130 Matthew Way							
Address2							
City Fayetteville							
State GA							
Zip 30214-7205					<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.							
First Name / Business Name Sonya	Date 09/29/2017	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. \$500.00			Est. Value \$0.00
Last Name Wright							Description
Address 1283 Asterwood Ln SW							
Address2							
City Atlanta							
State GA							
Zip 30331-3300					<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	
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 THELMA	Date 09/27/2017	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 WYATT MOORE					
Address 850 Flamingo 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 MOORE LAW LLC			Description
City Atlanta					
State GA				Zip 30311-2405	
Aff. Comm.					
First Name / Business Name Bowen	Date 09/16/2017	Occupation Treasury 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. \$100.00	Est. Value \$0.00
Last Name Ya					
Address					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer RentPath			Description
City					
State				Zip	
Aff. Comm.					
First Name / Business Name Roan	Date 07/03/2017	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. \$41.00	Est. Value \$0.00
Last Name Yarn					
Address 1703 Impatiens Way					
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 Lewis Center					
State OH				Zip 43035-7310	
Aff. Comm.					

Itemized Contribution Page Total

\$241.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions	
	Received Date Contribution Type*	Occupation & Employer			Estimated Value	
					Description	
First Name / Business Name Roan	Date 08/03/2017	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. \$41.00	Est. Value \$0.00	
Last Name Yarn					Description	
Address 1703 Impatiens Way						
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 Lewis Center						
State OH						Zip 43035-7310
Aff. Comm.						
First Name / Business Name Roan	Date 09/03/2017	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. \$41.00	Est. Value \$0.00	
Last Name Yarn					Description	
Address 1703 Impatiens Way						
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 Lewis Center						
State OH						Zip 43035-7310
Aff. Comm.						
First Name / Business Name Carolyn	Date 08/20/2017	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. \$100.00	Est. Value \$0.00	
Last Name Young					Description	
Address 260 14th 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 Retired				
City Atlanta						
State GA						Zip 30318-5360
Aff. Comm.						

Itemized Contribution Page Total

\$182.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Zion Hill Missionary Baptist Church Last Name Address Address2 City State Zip Aff. Comm.	Date 08/22/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer Leidos	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$225.00	Est. Value \$0.00 Description
First Name / Business Name Shuo Last Name Zou Address 930 Winding Bridge Way Address2 City Duluth State Zip GA 30097-8019 Aff. Comm.	Date 09/16/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation IT Contractor Employer Leidos	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-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 Description

Itemized Contribution Page Total

\$325.00

\$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.) Ceasar		1. 09/30/2017	First Name		1.
Lender Last Name Mitchell		2. \$150,000.00	Last Name		2.
Address 676 Queen St 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 30310-2612		State	Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$150,000.00

***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 Ceasar Mitchell for MayorPage 172 of 375

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 321 Productions	Date 07/17/2017	Occupation	Community support/donations	\$103.00
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 A-1 Soulfod LLC	Date 09/12/2017	Occupation	Catering	\$421.20
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 2636 Martin Luther King Jr Dr SW				
Address2				
City Atlanta				
State GA				
First Name A/L Media	Date 07/03/2017	Occupation	Video Production Expenses	\$2,975.42
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 222 W Ontario St				
Address2 Ste 600				
City Chicago				
State IL				

Page Total \$3,499.62

* 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 Cesar Mitchell for Mayor

Page 173 of 375

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 Temitayo	Date 09/21/2017	Occupation Information Requested	Canvassing	\$30.00
Last Name Agoro	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1153 Graymont Dr SW				
Address2				
City Atlanta				
State GA				
First Name Temitayo	Date 09/28/2017	Occupation Information Requested	Canvassing	\$80.00
Last Name Agoro	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1153 Graymont Dr SW				
Address2				
City Atlanta				
State GA				
First Name Vanessa	Date 08/10/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name Alamo	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 295 Quail Run				
Address2				
City Roswell				
State GA				

Page Total \$560.00

* 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 Cesar Mitchell for Mayor

Page 174 of 375

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 John	Date 07/03/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name John	Date 07/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name John	Date 07/14/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				

Page Total \$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 Cesar Mitchell for Mayor

Page 175 of 375

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 John	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name John	Date 07/27/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name John	Date 08/03/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				

Page Total \$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 Cesar Mitchell for Mayor

Page 176 of 375

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 John	Date 08/10/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name John	Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name John	Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				

Page Total \$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 Cesar Mitchell for Mayor

Page 177 of 375

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 John	Date 08/31/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Allen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 15 Cleveland Ave SE				
Address2				
City Atlanta				
State GA				
First Name Alphagraphics	Date 09/08/2017	Occupation	Printing	\$811.45
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 1500 Southland Cir NW				
Address2 Ste A				
City Atlanta				
State GA				
First Name Alphagraphics	Date 09/19/2017	Occupation	Printing	\$905.29
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit 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 Southland Cir NW				
Address2 Ste A				
City Atlanta				
State GA				

Page Total \$1,866.74

* 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 Cesar Mitchell for Mayor

Page 178 of 375

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 TJae Ariana	Date 09/28/2017	Occupation Information Requested	Canvassing	\$120.00
Last Name Alvarado	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2 Aspen Glen Ct				
Address2				
City Owings Mills				
State MD				
First Name Amazon	Date 09/06/2017	Occupation	Supplies	\$130.63
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 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Amazon	Date 09/11/2017	Occupation	Supplies	\$70.19
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 410 Terry Ave N				
Address2				
City Seattle				
State WA				

Page Total \$320.82

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 179 of 375

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 09/13/2017	Occupation	Office supplies	\$83.84
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 410 Terry Ave N				
Address2				
City Seattle				
State WA				
First Name Justice	Date 09/21/2017	Occupation Information Requested	Canvassing	\$30.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 565 Wells St SW				
Address2				
City Atlanta				
State GA				
First Name Justice	Date 09/28/2017	Occupation Information Requested	Canvassing	\$80.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 565 Wells St SW				
Address2				
City Atlanta				
State GA				

Page Total \$193.84

* 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 Cesar Mitchell for Mayor

Page 180 of 375

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 Raponzell Denise		Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Anderson		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 28969 Leisure Springs Circle					
Address2					
City Decatur					
State GA	Zip 30034				
First Name Raponzell Denise		Date 08/03/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Anderson		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 28969 Leisure Springs Circle					
Address2					
City Decatur					
State GA	Zip 30034				
First Name Raponzell Denise		Date 08/10/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Anderson		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 28969 Leisure Springs Circle					
Address2					
City Decatur					
State GA	Zip 30034				

Page Total \$360.00

* 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 Cesar Mitchell for Mayor

Page 181 of 375

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 Raponzell Denise	Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 28969 Leisure Springs Circle	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30034	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Raponzell Denise	Date 08/31/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 28969 Leisure Springs Circle	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30034	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Raponzell Denise	Date 09/07/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 28969 Leisure Springs Circle	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30034	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$300.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 182 of 375

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 Raponzell Denise	Date 09/14/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 28969 Leisure Springs Circle				
Address2				
City Decatur				
State GA				
First Name Raponzell Denise	Date 09/21/2017	Occupation Information Requested	Phone bank	\$220.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 28969 Leisure Springs Circle				
Address2				
City Decatur				
State GA				
First Name Raponzell Denise	Date 09/28/2017	Occupation Information Requested	Phone bank	\$220.00
Last Name Anderson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 28969 Leisure Springs Circle				
Address2				
City Decatur				
State GA				

Page Total \$530.00

* 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 Cesar Mitchell for Mayor

Page 183 of 375

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 Raponzell Denise	Date 08/17/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Andreson	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 28969 Leisure Springs Circle	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Decatur	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30034	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Jhanae	Date 09/21/2017	Occupation Information Requested	Canvassing	\$30.00
Last Name Askew	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 800 W Marietta St NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-5214	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Jhanae	Date 09/28/2017	Occupation Information Requested	Canvassing	\$80.00
Last Name Askew	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 800 W Marietta St NW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30318-5214	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$230.00

* 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 Cesar Mitchell for Mayor

Page 184 of 375

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 Hanna	Date 07/07/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 07/14/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 07/19/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				

Page Total \$750.00

* 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 Cesar Mitchell for Mayor

Page 185 of 375

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 Hanna	Date 07/27/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 08/03/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 08/10/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				

Page Total \$750.00

* 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 Cesar Mitchell for Mayor

Page 186 of 375

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 Hanna	Date 08/17/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 08/24/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 08/31/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				

Page Total \$750.00

* 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 Cesar Mitchell for Mayor

Page 187 of 375

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 Hanna	Date 09/07/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 09/14/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Hanna	Date 09/21/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				

Page Total \$750.00

* 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 Cesar Mitchell for Mayor

Page 188 of 375

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 Hanna	Date 09/28/2017	Occupation Information Requested	Canvassing	\$250.00
Last Name Assefa	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1005 Baldwin St SW				
Address2 Apt 9206				
City Atlanta				
State GA				
First Name Atlanta Ice Cream Truck Company	Date 08/28/2017	Occupation	Entertainment	\$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 9740 Coleman Rd				
Address2				
City Roswell				
State GA				
First Name Atlanta Police	Date 09/01/2017	Occupation	Community support/donations	\$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 226 Peachtree St SW				
Address2				
City Atlanta				
State GA				

Page Total \$850.00

* 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 Cesar Mitchell for Mayor

Page 189 of 375

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 Atlanta Talladega Alumni Chapter	Date 08/04/2017	Occupation	Community support/donations	\$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 PO Box 110024				
Address2				
City Atlanta				
State GA				
First Name Kamau			Date 09/26/2017	Occupation Consultant
Last Name Austin	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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		
Address 3215 Kingsdale Dr SW				
Address2				
City Atlanta				
State GA			Zip 30311-3635	
First Name AvianPR			Date 08/29/2017	Occupation
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 376 Peyton Rd SW				
Address2				
City Atlanta				
State GA			Zip 30311-2134	

Page Total \$656.25

* 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 Cesar Mitchell for Mayor

Page 190 of 375

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 Balloons by John Wesley	Date 08/24/2017	Occupation	Supplies	\$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 PO Box 4784				
Address2				
City Atlanta				
State GA				
First Name Baltimore Crab and Seafood	Date 08/17/2017	Occupation	Event Cost - Food	\$126.86
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1075 Fairburn Rd SW				
Address2				
City Atlanta				
State GA				
First Name Bank Charges	Date 07/03/2017	Occupation	Bank and merchant fees	\$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				
Address2				
City				
State				

Page Total \$391.86

* 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 Cesar Mitchell for Mayor

Page 191 of 375

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 Bank Charges		Date 07/03/2017	Occupation	Bank and merchant fees	\$29.95
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 Bank Charges		Date 07/13/2017	Occupation	Bank and merchant 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 Bank Charges		Date 08/01/2017	Occupation	Bank and merchant fees	\$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					
Address2					
City					
State	Zip				

Page Total \$56.95

* 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 Cesar Mitchell for Mayor

Page 192 of 375

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 Bank Charges		Date 08/01/2017	Occupation	Bank and merchant fees	\$29.95
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 Bank Charges		Date 09/01/2017	Occupation	Bank and merchant fees	\$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					
Address2					
City					
State	Zip				
First Name Bank Charges		Date 09/01/2017	Occupation	Bank and merchant fees	\$29.95
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				

Page Total \$74.90

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 193 of 375

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 Bank Charges		Date 09/13/2017	Occupation	Bank and merchant fees	\$40.75
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					
Address2					
City					
State	Zip				
First Name Bank Merch Fees		Date 07/03/2017	Occupation	Bank and merchant fees	\$3,602.54
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					
Address2					
City					
State	Zip				
First Name Bank Merch Fees		Date 08/02/2017	Occupation	Bank and merchant fees	\$2,927.66
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address					
Address2					
City					
State	Zip				

Page Total \$6,570.95

* 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 Cesar Mitchell for Mayor

Page 194 of 375

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 Bank Merch Fees		Date 09/05/2017	Occupation	Bank and merchant fees	\$2,392.66
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address					
Address2					
City					
State	Zip				
First Name Kristin		Date 08/04/2017	Occupation Information Requested	Graphic Design Fees	\$500.00
Last Name Banks		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1440 Brookline Trl SE					
Address2					
City Mableton					
State GA	Zip 30126-2888				
First Name Kristin		Date 08/31/2017	Occupation Information Requested	Graphic Design Fees	\$500.00
Last Name Banks		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1440 Brookline Trl SE					
Address2					
City Mableton					
State GA	Zip 30126-2888				

Page Total \$3,392.66

* 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 Cesar Mitchell for Mayor

Page 195 of 375

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 Bark Bark, LLC Last Name Address 730 Peachtree St NE Address2 Ste 600 City Atlanta State GA Zip 30308-1217	Date 07/19/2017 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Media Relations Services	\$179.40
First Name Cynthia Last Name Barnes Address 345 Triumph Cir SE Address2 City Atlanta State GA Zip 30354-2846	Date 08/03/2017 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Information Requested Employer Information Requested	Canvassing	\$200.00
First Name Cynthia Last Name Barnes Address 345 Triumph Cir SE Address2 City Atlanta State GA Zip 30354-2846	Date 08/10/2017 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Information Requested Employer Information Requested	Canvassing	\$100.00

Page Total \$479.40

* 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 Cesar Mitchell for Mayor

Page 196 of 375

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 Cynthia	Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 345 Triumph Cir SE				
Address2				
City Atlanta				
State GA				
First Name Cynthia	Date 08/24/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 345 Triumph Cir SE				
Address2				
City Atlanta				
State GA				
First Name Cynthia	Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 345 Triumph Cir SE				
Address2				
City Atlanta				
State GA				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 197 of 375

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 Cynthia	Date 09/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 345 Triumph Cir SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30354-2846	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Cynthia	Date 09/14/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 345 Triumph Cir SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30354-2846	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Cynthia	Date 09/21/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 345 Triumph Cir SE	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30354-2846	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$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 Cesar Mitchell for Mayor

Page 198 of 375

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 Cynthia	Date 09/28/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Barnes	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 345 Triumph Cir SE				
Address2				
City Atlanta				
State GA				
First Name Patricia A.	Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				
First Name Patricia A.	Date 08/03/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$340.00

* 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 Cesar Mitchell for Mayor

Page 199 of 375

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 Patricia A.	Date 08/10/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				
First Name Patricia A.	Date 08/17/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				
First Name Patricia A.	Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$360.00

* 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 Cesar Mitchell for Mayor

Page 200 of 375

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 Patricia A.	Date 08/31/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 1636 Rogers Ave SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-2308	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Patricia A	Date 09/07/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 1636 Rogers Ave SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-2308	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Patricia A	Date 09/14/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 1636 Rogers Ave SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-2308	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$300.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 201 of 375

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 Patricia A	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				
First Name Patricia A	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Barnett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1636 Rogers Ave SW				
Address2				
City Atlanta				
State GA				
First Name Raven	Date 09/28/2017	Occupation Information Requested	Canvassing	\$110.00
Last Name Beckett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 800 W Marietta St NW				
Address2				
City Atlanta				
State GA				

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 Cesar Mitchell for Mayor

Page 202 of 375

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 Elease Benford	Date 09/29/2017	Occupation Information Requested	Consulting Fees	\$250.00
Last Name Benford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2748 D L Hollowell Pkwy NW				
Address2 Apt 309				
City Atlanta				
State GA				
First Name Blue Cross Blue Shield	Date 07/03/2017	Occupation	Insurance expense	\$2,446.92
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3350 Peachtree Rd NE				
Address2				
City Atlanta				
State GA				
First Name Blue Cross Blue Shield	Date 08/25/2017	Occupation	Insurance expense	\$655.62
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 3350 Peachtree Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$3,352.54

* 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 Cesar Mitchell for Mayor

Page 203 of 375

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 Blue Dane	Date 07/31/2017	Occupation	Printing	\$524.10
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address dba Motivated Print & Design				
Address2 5038 S Atlanta Rd SE #108				
City Smyrna				
State GA				
First Name Blue Dane	Date 09/27/2017	Occupation	Printing	\$63.60
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 dba Motivated Print & Design				
Address2 5038 S Atlanta Rd SE #108				
City Smyrna				
State GA				
First Name Blue Dane	Date 09/27/2017	Occupation	Printing	\$811.80
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 dba Motivated Print & Design				
Address2 5038 S Atlanta Rd SE #108				
City Smyrna				
State GA				

Page Total \$1,399.50

* 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 Cesar Mitchell for Mayor

Page 204 of 375

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 Ramir	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Booker	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 830 Westview Dr SW				
Address2				
City Atlanta				
State GA				
First Name Ramir	Date 09/28/2017	Occupation Information Requested	Canvassing	\$40.00
Last Name Booker	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 830 Westview Dr SW				
Address2				
City Atlanta				
State GA				
First Name Bossman BBQ	Date 08/18/2017	Occupation	Event Cost - Food	\$400.00
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 1901 Myrtle Dr SW				
Address2				
City Atlanta				
State GA				

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 Cesar Mitchell for Mayor

Page 205 of 375

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 Thomas Dean	Date 07/03/2017	Occupation Information Requested	Canvassing	\$700.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 842 Plainville Cir SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30331-4367	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Thomas Dean	Date 07/07/2017	Occupation Information Requested	Canvassing	\$1,400.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 842 Plainville Cir SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30331-4367	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Thomas Dean	Date 07/14/2017	Occupation Information Requested	Canvassing	\$700.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 842 Plainville Cir SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30331-4367	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$2,800.00

* 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 Cesar Mitchell for Mayor

Page 206 of 375

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 Thomas Dean	Date 07/19/2017	Occupation Information Requested	Canvassing	\$700.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 842 Plainville Cir SW				
Address2				
City Atlanta				
State GA				
First Name Thomas Dean	Date 07/27/2017	Occupation Information Requested	Canvassing	\$700.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 842 Plainville Cir SW				
Address2				
City Atlanta				
State GA				
First Name Thomas Dean	Date 08/03/2017	Occupation Information Requested	Canvassing	\$1,250.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 842 Plainville Cir SW				
Address2				
City Atlanta				
State GA				

Page Total \$2,650.00

* 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 Cesar Mitchell for Mayor

Page 207 of 375

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 Thomas Dean	Date 08/10/2017	Occupation Information Requested	Canvassing	\$1,250.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 842 Plainville Cir SW				
Address2				
City Atlanta				
State GA				
First Name Thomas Dean	Date 08/17/2017	Occupation Information Requested	Canvassing	\$3,250.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 842 Plainville Cir SW				
Address2				
City Atlanta				
State GA				
First Name Thomas Dean	Date 08/31/2017	Occupation Information Requested	Canvassing	\$2,500.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 842 Plainville Cir SW				
Address2				
City Atlanta				
State GA				

Page Total \$7,000.00

* 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 Cesar Mitchell for Mayor

Page 208 of 375

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 Thomas Dean	Date 09/14/2017	Occupation Information Requested	Canvassing	\$2,500.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 842 Plainville Cir SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30331-4367	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Thomas Dean	Date 09/28/2017	Occupation Information Requested	Canvassing	\$4,500.00
Last Name Broughton	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 842 Plainville Cir SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30331-4367	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Larry	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Brown Jr	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 3 Haystack Ct	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Sicklerville	<input type="checkbox"/> Refund			
State NJ	<input type="checkbox"/> Reimbursement			
Zip 08081-4819	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$7,060.00

* 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 Cesar Mitchell for Mayor

Page 209 of 375

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 Larry	Date 09/28/2017	Occupation Information Requested	Canvassing	\$160.00
Last Name Brown Jr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3 Haystack Ct				
Address2				
City Sicklerville				
State NJ				
First Name Amanda M	Date 09/14/2017	Occupation Information Requested	Reimbursement for Event Supplies	\$51.05
Last Name Brown	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 4279 Roswell Rd NE				
Address2 Ste 102				
City Atlanta				
State GA				
First Name Amanda M	Date 09/14/2017	Occupation Information Requested	Consulting Fees	\$551.05
Last Name Brown	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 4279 Roswell Rd NE				
Address2 Ste 102				
City Atlanta				
State GA				

Page Total \$762.10

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 210 of 375

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 Buelah Boys	Date 08/01/2017	Occupation	Event Cost - Entertainment	\$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 Decatur				
State GA				
First Name Buelah Boys	Date 08/07/2017	Occupation	Event Cost - Entertainment	\$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 Decatur				
State GA				
First Name Buelah Boys	Date 09/07/2017	Occupation	Event Cost - Entertainment	\$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 Decatur				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 211 of 375

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 Buelah Boys	Date 09/14/2017	Occupation	Event Cost - Entertainment	\$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 Decatur				
State GA				
First Name Buelah Boys	Date 09/19/2017	Occupation	Event Cost - Entertainment	\$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 Decatur				
State GA				
First Name Buelah Boys	Date 09/20/2017	Occupation	Event Cost - Entertainment	\$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 Decatur				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 212 of 375

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 Donovan	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Butler Jr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2340 Circle				
Address2				
City Conyers				
State GA				
First Name Donovan	Date 09/28/2017	Occupation Information Requested	Canvassing	\$120.00
Last Name Butler Jr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2340 Circle				
Address2				
City Conyers				
State GA				
First Name Buyshade	Date 07/19/2017	Occupation	Event Supplies - Tent	\$1,304.00
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 461 Old Newport Blvd				
Address2				
City Newport Beach				
State CA				

Page Total \$1,484.00

* 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 Cesar Mitchell for Mayor

Page 213 of 375

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 Graphics	Date 07/17/2017	Occupation	Printing	\$1,886.62
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 1821 W Soft Wind Ln				
Address2				
City Flagstaff				
State AZ				
First Name Campaign Graphics	Date 08/16/2017	Occupation	Printing	\$1,549.00
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 1821 W Soft Wind Ln				
Address2				
City Flagstaff				
State AZ				
First Name Campaign Graphics	Date 08/23/2017	Occupation	Printing	\$4,340.37
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 1821 W Soft Wind Ln				
Address2				
City Flagstaff				
State AZ				

Page Total \$7,775.99

* 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 Cesar Mitchell for Mayor

Page 214 of 375

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 Graphics	Date 09/27/2017	Occupation	Printing	\$1,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1821 W Soft Wind Ln				
Address2				
City Flagstaff				
State AZ				
First Name Campaign Graphics	Date 09/27/2017	Occupation	Printing	\$1,916.30
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1821 W Soft Wind Ln				
Address2				
City Flagstaff				
State AZ				
First Name Willie	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Carter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 965 Burke Village Ln				
Address2 Apt D				
City Winston Salem				
State NC				

Page Total \$2,976.30

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 215 of 375

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 Willie	Date 09/28/2017	Occupation Information Requested	Canvassing	\$160.00
Last Name Carter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 965 Burke Village Ln				
Address2 Apt D				
City Winston Salem				
State NC				
First Name Treamecia	Date 07/07/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Chambers	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Treamecia	Date 07/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Chambers	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$410.00

* 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 Cesar Mitchell for Mayor

Page 216 of 375

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 Treamecia	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Chambers	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 535 Joseph E Lowery Blvd SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-1464	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Clifford	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Chester	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 749 S 19th St	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Newark	<input type="checkbox"/> Refund			
State NJ	<input type="checkbox"/> Reimbursement			
Zip 07103-5001	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Clifford	Date 09/28/2017	Occupation Information Requested	Canvassing	\$190.00
Last Name Chester	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 749 S 19th St	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Newark	<input type="checkbox"/> Refund			
State NJ	<input type="checkbox"/> Reimbursement			
Zip 07103-5001	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 217 of 375

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 City of Atlanta Cashier	Date 08/17/2017	Occupation	Filing 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	Employer		
Address 68 Mitchell St SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30303-3550			
First Name City of Atlanta Cashier	Date 09/25/2017	Occupation	Printing	\$420.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address 68 Mitchell St SW	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Atlanta	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State GA	Zip 30303-3550			
First Name Cityplace Events	Date 08/07/2017	Occupation	Venue rental	\$468.89
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer		
Address 2711 N Haskell Ave	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card			
Address2	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment			
City Dallas	<input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
State TX	Zip 75204-2911			

Page Total \$6,417.89

* 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 Cesar Mitchell for Mayor

Page 218 of 375

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 Cityplace Events		Date 08/23/2017	Occupation	Venue rental	\$27.60
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 2711 N Haskell Ave					
Address2					
City Dallas					
State TX	Zip 75204-2911				
First Name Cityplace Events		Date 08/23/2017	Occupation	Meals and entertainment	\$253.00
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 2711 N Haskell Ave					
Address2					
City Dallas					
State TX	Zip 75204-2911				
First Name Cityplace Events		Date 08/24/2017	Occupation	Venue rental	\$1,097.41
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 2711 N Haskell Ave					
Address2					
City Dallas					
State TX	Zip 75204-2911				

Page Total \$1,378.01

* 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 Cesar Mitchell for Mayor

Page 219 of 375

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 Clash Graphics	Date 07/07/2017	Occupation	Printing	\$344.11
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2140 Peachtree Rd NW				
Address2 Ste 301				
City Atlanta				
State GA				
First Name Clash Graphics	Date 07/20/2017	Occupation	Printing	\$344.11
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2140 Peachtree Rd NW				
Address2 Ste 301				
City Atlanta				
State GA				
First Name Clash Graphics	Date 08/02/2017	Occupation	Printing	\$518.35
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 2140 Peachtree Rd NW				
Address2 Ste 301				
City Atlanta				
State GA				

Page Total \$1,206.57

* 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 Cesar Mitchell for Mayor

Page 220 of 375

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 Clash Graphics		Date 08/04/2017	Occupation	Printing	\$246.10
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2140 Peachtree Rd NW					
Address2 Ste 301					
City Atlanta					
State GA	Zip 30309-1315				
First Name Clash Graphics		Date 08/29/2017	Occupation	Printing	\$359.36
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 2140 Peachtree Rd NW					
Address2 Ste 301					
City Atlanta					
State GA	Zip 30309-1315				
First Name Clash Graphics		Date 09/08/2017	Occupation	Printing	\$359.36
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 2140 Peachtree Rd NW					
Address2 Ste 301					
City Atlanta					
State GA	Zip 30309-1315				

Page Total \$964.82

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 221 of 375

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 Clash Graphics	Date 09/25/2017	Occupation	Printing	\$246.10
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2140 Peachtree Rd NW				
Address2 Ste 301				
City Atlanta				
State GA				
First Name Coleman Franklin Group	Date 07/18/2017	Occupation	Consulting Fees	\$7,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 659 Auburn Ave NE				
Address2				
City Atlanta				
State GA				
First Name Coleman Franklin Group	Date 07/27/2017	Occupation	Consulting Fees	\$7,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 659 Auburn Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$14,246.10

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 222 of 375

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 Coleman Franklin Group		Date 08/30/2017	Occupation	Consulting Fees	\$7,000.00
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 659 Auburn Ave NE					
Address2					
City Atlanta					
State GA	Zip 30312-1940				
First Name Comcast		Date 07/24/2017	Occupation	Telephone and internet expense	\$343.09
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 699 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1800				
First Name Comcast		Date 08/23/2017	Occupation	Telephone and internet expense	\$343.09
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 699 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1800				

Page Total \$7,686.18

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 223 of 375

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 Comcast	Date 09/25/2017	Occupation	Telephone and internet expense	\$343.09
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 699 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Costco	Date 09/14/2017	Occupation	Office supplies	\$291.51
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 999 Lake Dr				
Address2				
City Issaquah				
State WA				
First Name Craft Creation and Design LLC	Date 07/17/2017	Occupation	Website design	\$3,677.50
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 546 Oakland Ave SE				
Address2				
City Atlanta				
State GA				

Page Total \$4,312.10

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 224 of 375

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 Lorenzo	Date 09/28/2017	Occupation Information Requested	Canvassing	\$120.00
Last Name Cummings	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 15920 SW 102nd Pl				
Address2				
City Miami				
State FL				
First Name Dash Prepaid Account	Date 07/31/2017	Occupation	Petty Cash Fund for Parking	\$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				
First Name David's Cookhouse	Date 09/22/2017	Occupation	Repairs and maintenance	\$100.18
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 3085 Jardin Ln NW				
Address2				
City Kennesaw				
State GA				

Page Total \$320.18

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 225 of 375

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 07/19/2017	Occupation	Airfare	\$206.40
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 2100 Central Cargo Cir					
Address2					
City Atlanta					
State GA	Zip 30354-3772				
First Name Delta Airlines		Date 08/09/2017	Occupation	Airfare	\$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 2100 Central Cargo Cir					
Address2					
City Atlanta					
State GA	Zip 30354-3772				
First Name Delta Airlines		Date 08/09/2017	Occupation	Airfare	\$1,169.90
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 2100 Central Cargo Cir					
Address2					
City Atlanta					
State GA	Zip 30354-3772				

Page Total \$1,391.30

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 226 of 375

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 08/14/2017	Occupation	Airfare	\$381.40
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 2100 Central Cargo Cir					
Address2					
City Atlanta					
State GA	Zip 30354-3772				
First Name Delta Airlines		Date 08/24/2017	Occupation	Airfare	\$188.40
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 2100 Central Cargo Cir					
Address2					
City Atlanta					
State GA	Zip 30354-3772				
First Name Delta Airlines		Date 08/24/2017	Occupation	Airfare	\$293.90
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 2100 Central Cargo Cir					
Address2					
City Atlanta					
State GA	Zip 30354-3772				

Page Total \$863.70

* 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 Cesar Mitchell for Mayor

Page 227 of 375

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 09/14/2017	Occupation	Airfare	\$438.40
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 2100 Central Cargo Cir				
Address2				
City Atlanta				
State GA				
First Name Do at King Plow	Date 08/20/2017	Occupation	Event Cost - Food & Venue	\$2,790.58
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 955 W Marietta St NW				
Address2				
City Atlanta				
State GA				
First Name Doing Good Among People	Date 09/20/2017	Occupation	Community support/donations	\$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 215 Lakewood Way SW				
Address2 Ste 204B				
City Atlanta				
State GA				

Page Total \$3,428.98

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 228 of 375

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 Empire Realty	Date 07/03/2017	Occupation	Office Utilities	\$712.11
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Empire Realty	Date 07/03/2017	Occupation	Office rental	\$3,925.00
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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Empire Realty	Date 07/27/2017	Occupation	Office rental	\$4,653.42
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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$9,290.53

* 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 Cesar Mitchell for Mayor

Page 229 of 375

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 Empire Realty	Date 08/30/2017	Occupation	Office rental	\$4,531.41
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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Enterprise Rent-A-Car	Date 07/13/2017	Occupation	Rental cars	\$285.78
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 3084 Chestnut Dr				
Address2				
City Atlanta				
State GA				
First Name Enterprise Rent-A-Car	Date 07/20/2017	Occupation	Rental cars	\$283.17
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3084 Chestnut Dr				
Address2				
City Atlanta				
State GA				

Page Total \$5,100.36

* 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 Cesar Mitchell for Mayor

Page 230 of 375

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 Enterprise Rental Cars	Date 08/24/2017	Occupation	Van Rental	\$214.46
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3084 Chestnut Dr				
Address2				
City Atlanta				
State GA				
First Name Mary Jones	Date 08/15/2017	Occupation Information Requested	Reimbursement for Event Supplies	\$1,492.60
Last Name Ethel	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				
First Name Alexandra	Date 08/03/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				

Page Total \$1,907.06

* 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 Cesar Mitchell for Mayor

Page 231 of 375

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 Alexandra	Date 08/10/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				
First Name Alexandra	Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				
First Name Alexandra	Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				

Page Total \$550.00

* 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 Cesar Mitchell for Mayor

Page 232 of 375

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 Alexandra	Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				
First Name Alexandra	Date 09/07/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				
First Name Alexandra	Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				

Page Total \$400.00

* 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 Cesar Mitchell for Mayor

Page 233 of 375

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 Alexandra	Date 09/21/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				
First Name Alexandra	Date 09/28/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Ewart	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3322 Peppertree Cir				
Address2 Apt A				
City Decatur				
State GA				
First Name Exxon	Date 07/19/2017	Occupation	Gasoline	\$32.78
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 507 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$382.78

* 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 Cesar Mitchell for Mayor

Page 234 of 375

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 Exxon	Date 09/18/2017	Occupation	Gasoline	\$18.14
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit 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 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Family Dollar	Date 07/13/2017	Occupation	Community support/donations	\$99.10
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 855 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name Family Dollar	Date 08/01/2017	Occupation	Supplies	\$29.95
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 855 Oak St SW				
Address2				
City Atlanta				
State GA				

Page Total \$147.19

* 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 Cesar Mitchell for Mayor

Page 235 of 375

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 Family Dollar	Date 08/04/2017	Occupation	Event Cost	\$231.96
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 855 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name Family Dollar	Date 08/16/2017	Occupation	Supplies	\$6.53
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 855 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name Family Dollar	Date 09/12/2017	Occupation	Office supplies	\$27.23
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 855 Oak St SW				
Address2				
City Atlanta				
State GA				

Page Total \$265.72

* 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 Cesar Mitchell for Mayor

Page 236 of 375

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 Family Dollar		Date 09/18/2017	Occupation	Supplies	\$2.10
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 855 Oak St SW					
Address2					
City Atlanta					
State GA	Zip 30310-1774				
First Name Family Dollar				Date 09/18/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 855 Oak St SW					
Address2					
City Atlanta					
State GA	Zip 30310-1774				
First Name Varsha				Date 08/03/2017	Occupation Information Requested
Last Name Favors		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6120 Hillandale Dr					
Address2					
City Atlanta					
State GA	Zip 30349-4250				

Page Total \$218.44

* 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 Cesar Mitchell for Mayor

Page 237 of 375

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 Varsha	Date 08/10/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Favors	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6120 Hillandale Dr				
Address2				
City Atlanta				
State GA				
First Name Varsha	Date 08/17/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Favors	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6120 Hillandale Dr				
Address2				
City Atlanta				
State GA				
First Name FEDEX	Date 08/21/2017	Occupation	Printing	\$146.90
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 100 Peachtree St NW				
Address2 Ste 101				
City Atlanta				
State GA				

Page Total \$396.90

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 238 of 375

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 Vivian M.	Date 07/07/2017	Occupation Information Requested	Office cleaning	\$550.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M.	Date 07/14/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M.	Date 07/19/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				

Page Total \$1,000.00

* 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 Cesar Mitchell for Mayor

Page 239 of 375

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 Vivian M.	Date 07/27/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M.	Date 08/03/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M.	Date 08/10/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				

Page Total \$675.00

* 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 Cesar Mitchell for Mayor

Page 240 of 375

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 Vivian M.	Date 08/17/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M.	Date 08/24/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M.	Date 08/31/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				

Page Total \$675.00

* 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 Cesar Mitchell for Mayor

Page 241 of 375

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 Vivian M.	Date 09/07/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M	Date 09/14/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				
First Name Vivian M	Date 09/21/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2405 Avon Ave				
Address2				
City Ellenwood				
State GA				

Page Total \$675.00

* 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 Cesar Mitchell for Mayor

Page 242 of 375

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 Vivian M	Date 09/28/2017	Occupation Information Requested	Office cleaning	\$225.00
Last Name Feliciano	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Information Requested		
Address 2405 Avon Ave	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Ellenwood				
State GA	Zip 30294-4023			
First Name Cora Jean	Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Stone Mountain				
State GA	Zip 30083-2637			
First Name Cora Jean	Date 08/03/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City Stone Mountain				
State GA	Zip 30083-2637			

Page Total \$465.00

* 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 Cesar Mitchell for Mayor

Page 243 of 375

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 Cora Jean	Date 08/10/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-2637	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Cora Jean	Date 08/17/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-2637	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Cora Jean	Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-2637	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$360.00

* 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 Cesar Mitchell for Mayor

Page 244 of 375

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 Cora Jean	Date 08/31/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-2637	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Cora Jean	Date 09/07/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-2637	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Cora Jean	Date 09/14/2017	Occupation Information Requested	Phone bank	\$30.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 4719 Central Dr	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Stone Mountain	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30083-2637	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$240.00

* 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 Cesar Mitchell for Mayor

Page 245 of 375

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 Cora Jean	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 4719 Central Dr				
Address2				
City Stone Mountain				
State GA				
First Name Cora Jean	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Ferrand	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 4719 Central Dr				
Address2				
City Stone Mountain				
State GA				
First Name Fifth Third Bank	Date 07/19/2017	Occupation	Bank and merchant fees	\$47.07
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 590 Cascade Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$287.07

* 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 Cesar Mitchell for Mayor

Page 246 of 375

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 Fifth Third Bank	Date 08/10/2017	Occupation	Bank and merchant fees	\$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 590 Cascade Ave SW				
Address2				
City Atlanta				
State GA		Zip 30310-2467		
First Name First Iconium Baptist Church	Date 09/21/2017	Occupation	Donations and community support	\$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 542 Moreland Ave SE				
Address2				
City Atlanta				
State GA		Zip 30316-1927		
First Name Sandra A.	Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Garrett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2722 Humphries St				
Address2				
City East Point				
State GA		Zip 30344-2714		

Page Total \$395.00

* 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 Cesar Mitchell for Mayor

Page 247 of 375

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 Sandra A.	Date 08/03/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Garrett	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2722 Humphries St				
Address2				
City East Point				
State GA				
First Name Georgia Voice	Date 08/30/2017	Occupation	Printing	\$700.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address PO Box 77401				
Address2				
City Atlanta				
State GA				
First Name Lesia	Date 08/03/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$940.00

* 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 Cesar Mitchell for Mayor

Page 248 of 375

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 Lesia	Date 08/10/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				
First Name Lesia	Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				
First Name Lesia	Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$550.00

* 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 Cesar Mitchell for Mayor

Page 249 of 375

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 Lesia	Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				
First Name Lesia	Date 09/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				
First Name Lesia	Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 250 of 375

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 Lesia	Date 09/21/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				
First Name Lesia	Date 09/28/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Givens	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1362 Plaza Ave SW				
Address2				
City Atlanta				
State GA				
First Name Givesmart	Date 07/19/2017	Occupation	Community support/donations	\$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 900 Circle 75 Pkwy SE				
Address2 Ste 200				
City Atlanta				
State GA				

Page Total \$650.00

* 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 Cesar Mitchell for Mayor

Page 251 of 375

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 Google Svcs Apps	Date 07/06/2017	Occupation	Email Account Expense	\$158.32
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1600 Amphitheatre Pkwy				
Address2				
City Mountain View				
State CA				
First Name Google Svcs Apps	Date 08/07/2017	Occupation	Internet expenses	\$154.34
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1600 Amphitheatre Pkwy				
Address2				
City Mountain View				
State CA				
First Name Google Svcs Apps	Date 09/07/2017	Occupation	Internet expenses	\$173.68
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1600 Amphitheatre Pkwy				
Address2				
City Mountain View				
State CA				

Page Total \$486.34

* 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 Cesar Mitchell for Mayor

Page 252 of 375

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 Jerimiah	Date 09/21/2017	Occupation Information Requested	Canvassing	\$90.00
Last Name Gray	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 619 Keith St				
Address2				
City San Francisco				
State CA				
First Name Jerimiah	Date 09/28/2017	Occupation Information Requested	Canvassing	\$80.00
Last Name Gray	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 619 Keith St				
Address2				
City San Francisco				
State CA				
First Name Brenda	Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Greene	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2065 Rosewood Rd				
Address2				
City Decatur				
State GA				

Page Total \$270.00

* 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 Cesar Mitchell for Mayor

Page 253 of 375

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 Brenda	Date 09/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Greene	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2065 Rosewood Rd				
Address2				
City Decatur				
State GA				
First Name Brenda	Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Greene	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2065 Rosewood Rd				
Address2				
City Decatur				
State GA				
First Name Brenda	Date 09/21/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Greene	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2065 Rosewood Rd				
Address2				
City Decatur				
State GA				

Page Total \$550.00

* 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 Cesar Mitchell for Mayor

Page 254 of 375

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 Brenda	Date 09/28/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Greene	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2065 Rosewood Rd				
Address2				
City Decatur				
State GA				
First Name Vanessa	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Harden	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 7580 Howell Ln				
Address2				
City Riverdale				
State GA				
First Name Shirlee	Date 07/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harris	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5963 Thomas Ct				
Address2				
City College Park				
State GA				

Page Total \$520.00

* 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 Cesar Mitchell for Mayor

Page 255 of 375

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 Shirlee	Date 07/14/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harris	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5963 Thomas Ct				
Address2				
City College Park				
State GA				
First Name Hart Research Associates	Date 07/07/2017	Occupation	Atlanta Meeting Expenses	\$618.58
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 1724 Connecticut Ave NW				
Address2				
City Washington				
State DC				
First Name Patricia	Date 08/03/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Harvey	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW				
Address2				
City Atlanta				
State GA				

Page Total \$918.58

* 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 Cesar Mitchell for Mayor

Page 256 of 375

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 Patricia		Date 08/10/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Harvey		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW					
Address2					
City Atlanta					
State GA	Zip 30310-2902				
First Name Patricia		Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harvey		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW					
Address2					
City Atlanta					
State GA	Zip 30310-2902				
First Name Patricia		Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harvey		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW					
Address2					
City Atlanta					
State GA	Zip 30310-2902				

Page Total \$550.00

* 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 Cesar Mitchell for Mayor

Page 257 of 375

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 Patricia		Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Harvey		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW					
Address2					
City Atlanta					
State GA	Zip 30310-2902				
First Name Patricia		Date 09/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harvey		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW					
Address2					
City Atlanta					
State GA	Zip 30310-2902				
First Name Patricia		Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Harvey		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 510 Arthur St SW					
Address2					
City Atlanta					
State GA	Zip 30310-2902				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 258 of 375

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 Patricia	Date 09/21/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harvey	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 510 Arthur St SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-2902	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Patricia	Date 09/28/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Harvey	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 510 Arthur St SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-2902	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Vonsonica	Date 07/07/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Haynes	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 535 Joseph E Lowery Blvd SW	<input type="checkbox"/> In-kind			
Address2	<input type="checkbox"/> Loan Repayment			
City Atlanta	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30310-1464	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$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 Cesar Mitchell for Mayor

Page 259 of 375

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 Vonsonica	Date 07/14/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Haynes	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Vonsonica	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Haynes	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Malachi	Date 09/28/2017	Occupation Information Requested	Canvassing	\$120.00
Last Name Henry	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5751 N Kolb Rd				
Address2 Unit 22103				
City Tucson				
State AZ				

Page Total \$520.00

* 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 Cesar Mitchell for Mayor

Page 260 of 375

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 Home Depot		Date 07/07/2017	Occupation	Office supplies	\$22.00
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 650 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1864				
First Name Home Depot		Date 07/13/2017	Occupation	Office supplies	\$14.67
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1864				
First Name Home Depot		Date 07/19/2017	Occupation	Office supplies	\$7.33
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 650 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1864				

Page Total \$44.00

* 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 Cesar Mitchell for Mayor

Page 261 of 375

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 Home Depot		Date 08/02/2017	Occupation	Supplies	\$22.00
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 650 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1864				
First Name Home Depot		Date 08/15/2017	Occupation	Supplies	\$14.67
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1864				
First Name Home Depot		Date 08/24/2017	Occupation	Supplies	\$22.00
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 650 Ponce De Leon Ave NE					
Address2					
City Atlanta					
State GA	Zip 30308-1864				

Page Total \$58.67

* 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 Cesar Mitchell for Mayor

Page 262 of 375

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 Home Depot	Date 09/15/2017	Occupation	Office supplies	\$22.00
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 650 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Home Depot	Date 09/15/2017	Occupation	Office supplies	\$63.88
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Home Depot	Date 09/21/2017	Occupation	Supplies	\$108.82
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 650 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$194.70

* 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 Cesar Mitchell for Mayor

Page 263 of 375

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 Home Depot	Date 09/26/2017	Occupation	Office supplies	\$114.46
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Tareik	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Horne	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 8971 Cat Tail Pond Rd				
Address2				
City Summerville				
State SC				
First Name Tareik	Date 09/28/2017	Occupation Information Requested	Canvassing	\$40.00
Last Name Horne	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 8971 Cat Tail Pond Rd				
Address2				
City Summerville				
State SC				

Page Total \$214.46

* 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 Cesar Mitchell for Mayor

Page 264 of 375

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 Stacey	Date 07/07/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Stacey	Date 07/14/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Stacey	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 265 of 375

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 Stacey	Date 08/03/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Stacey	Date 08/10/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Stacey	Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				

Page Total \$550.00

* 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 Cesar Mitchell for Mayor

Page 266 of 375

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 Stacey	Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Stacey	Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Stacey	Date 09/07/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 267 of 375

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 Stacey	Date 09/14/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Hunter	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 5279 Woodland Dr				
Address2				
City Morrow				
State GA				
First Name Inkhead	Date 08/21/2017	Occupation	Printing	\$681.10
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 138 Park Ave				
Address2 Ste 300				
City Winder				
State GA				
First Name Intuit Checks	Date 09/05/2017	Occupation	Office supplies	\$160.91
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2700 Coast Ave				
Address2				
City Mountain View				
State CA				

Page Total \$942.01

* 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 Cesar Mitchell for Mayor

Page 268 of 375

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 Irene Assisted Care Community, Inc.		Date 08/24/2017	Occupation	Community support/donations	\$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 PO Box 311045					
Address2					
City Atlanta					
State GA	Zip 31131-1045				
First Name Jerome McKay				Date 07/18/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2255 Lenox Rd NE					
Address2					
City Atlanta					
State GA	Zip 30324-4305				
First Name Jerome's Melons				Date 07/03/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				

Page Total \$330.00

* 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 Cesar Mitchell for Mayor

Page 269 of 375

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 Jerome's Melons		Date 07/06/2017	Occupation	Event Cost	\$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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				
First Name Jerome's Melons		Date 07/06/2017	Occupation	Event Cost	\$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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				
First Name Jerome's Melons		Date 07/10/2017	Occupation	Event Cost	\$125.00
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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				

Page Total \$325.00

* 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 Cesar Mitchell for Mayor

Page 270 of 375

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 Jerome's Melons		Date 07/11/2017	Occupation	Event Cost	\$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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				
First Name Jerome's Melons		Date 07/18/2017	Occupation	Event Cost	\$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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				
First Name Jerome's Melons		Date 07/28/2017	Occupation	Event Cost	\$140.00
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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				

Page Total \$340.00

* 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 Cesar Mitchell for Mayor

Page 271 of 375

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 Jerome's Melons		Date 08/05/2017	Occupation	Event Cost	\$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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				
First Name Jerome's Melons		Date 08/14/2017	Occupation	Event Cost	\$140.00
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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				
First Name Jerome's Melons		Date 08/16/2017	Occupation	Event Cost	\$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 16 Forest Pkwy					
Address2					
City Forest Park					
State GA	Zip 30297-2006				

Page Total \$340.00

* 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 Cesar Mitchell for Mayor

Page 272 of 375

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 Jerome's Melons	Date 08/18/2017	Occupation	Event Cost	\$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 16 Forest Pkwy				
Address2				
City Forest Park				
State GA				
First Name Jerome's Melons	Date 08/29/2017	Occupation	Event Cost	\$140.00
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 16 Forest Pkwy				
Address2				
City Forest Park				
State GA				
First Name Cary	Date 07/07/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$390.00

* 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 Cesar Mitchell for Mayor

Page 273 of 375

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 Cary	Date 07/14/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				
First Name Cary	Date 08/03/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				
First Name Cary	Date 08/10/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$550.00

* 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 Cesar Mitchell for Mayor

Page 274 of 375

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 Cary	Date 09/07/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				
First Name Cary	Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				
First Name Cary	Date 09/21/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Jones Jr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 275 of 375

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 Cary		Date 09/28/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Jones Jr.		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW					
Address2					
City Atlanta					
State GA	Zip 30331-4905				
First Name Barbara		Date 08/17/2017	Occupation Information Requested	Phone bank	\$60.00
Last Name Jones		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way					
Address2					
City Lithonia					
State GA	Zip 30038-1532				
First Name Barbara		Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Jones		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way					
Address2					
City Lithonia					
State GA	Zip 30038-1532				

Page Total \$230.00

* 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 Cesar Mitchell for Mayor

Page 276 of 375

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 Barbara	Date 08/31/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way				
Address2				
City Lithonia				
State GA				
First Name Barbara	Date 09/07/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way				
Address2				
City Lithonia				
State GA				
First Name Barbara	Date 09/14/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way				
Address2				
City Lithonia				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 277 of 375

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 Barbara	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way				
Address2				
City Lithonia				
State GA				
First Name Barbara	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3066 Aberdeen Way				
Address2				
City Lithonia				
State GA				
First Name Brittany	Date 07/07/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1781 McClelland Ave				
Address2 Apt 10				
City East Point				
State GA				

Page Total \$340.00

* 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 Cesar Mitchell for Mayor

Page 278 of 375

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 Cary Jr.	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				
First Name Cary Jr.	Date 08/17/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3861 King Arthur Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kendra	Date 07/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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				

Page Total \$400.00

* 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 Cesar Mitchell for Mayor

Page 279 of 375

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 Kendra	Date 07/19/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 535 Joseph E Lowery Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Loretta	Date 07/07/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 343 Dartmouth Dr SW				
Address2				
City Atlanta				
State GA				
First Name Loretta	Date 07/14/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 343 Dartmouth Dr SW				
Address2				
City Atlanta				
State GA				

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 Cesar Mitchell for Mayor

Page 280 of 375

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 Loretta	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 343 Dartmouth Dr SW				
Address2				
City Atlanta				
State GA				
First Name Mary Ethel	Date 07/07/2017	Occupation Information Requested	Consulting Fees	\$2,500.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				
First Name Mary Ethel	Date 07/07/2017	Occupation Information Requested	Reimbursement: Cost for Food for Events	\$459.67
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				

Page Total \$3,159.67

* 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 Cesar Mitchell for Mayor

Page 281 of 375

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 Mary Ethel	Date 07/27/2017	Occupation Information Requested	Event Cost Reimbursement	\$216.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				
First Name Mary Ethel	Date 08/03/2017	Occupation Information Requested	Consulting Fees	\$2,500.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				
First Name Mary Ethel	Date 08/24/2017	Occupation Information Requested	Reimbursement for Event Supplies	\$330.53
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				

Page Total \$3,046.53

* 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 Cesar Mitchell for Mayor

Page 282 of 375

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 Mary Ethel	Date 08/30/2017	Occupation Information Requested	Reimbursement for Event Supplies	\$100.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				
First Name Mary Ethel	Date 08/31/2017	Occupation Information Requested	Consulting Fees	\$2,500.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				
First Name Mary Ethel	Date 09/14/2017	Occupation Information Requested	Reimbursement for Event Supplies	\$573.44
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW				
Address2				
City Atlanta				
State GA				

Page Total \$3,173.44

* 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 Cesar Mitchell for Mayor

Page 283 of 375

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 Mary Ethel		Date 09/20/2017	Occupation Information Requested	Reimbursement for Event Supplies	\$386.40
Last Name Jones		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3355 Glenview Cir SW					
Address2					
City Atlanta					
State GA	Zip 30331-2407				
First Name Melissa		Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Jordan		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3329 Flat Shoals Rd.					
Address2					
City Atlanta					
State GA	Zip 30349-4007				
First Name Melissa		Date 08/03/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Jordan		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3329 Flat Shoals Rd.					
Address2					
City Atlanta					
State GA	Zip 30349-4007				

Page Total \$596.40

* 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 Cesar Mitchell for Mayor

Page 284 of 375

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 JWG, LLC	Date 08/17/2017	Occupation	Consulting Fees	\$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 2870 Peachtree Rd NW				
Address2 Unit 270				
City Atlanta				
State GA				
First Name JWG, LLC	Date 08/31/2017	Occupation	Consulting Fees	\$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 2870 Peachtree Rd NW				
Address2 Unit 270				
City Atlanta				
State GA				
First Name JWG, LLC	Date 09/14/2017	Occupation	Consulting Fees	\$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 2870 Peachtree Rd NW				
Address2 Unit 270				
City Atlanta				
State GA				

Page Total \$4,500.00

* 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 Cesar Mitchell for Mayor

Page 285 of 375

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 Lois		Date 07/07/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Kendricks		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW					
Address2 Apt 113					
City Atlanta					
State GA	Zip 30311-1813				
First Name Lois		Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Kendricks		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW					
Address2 Apt 113					
City Atlanta					
State GA	Zip 30311-1813				
First Name Lois		Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Kendricks		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW					
Address2 Apt 113					
City Atlanta					
State GA	Zip 30311-1813				

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 Cesar Mitchell for Mayor

Page 286 of 375

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 Lois	Date 09/07/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Kendricks	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW				
Address2 Apt 113				
City Atlanta				
State GA				
First Name Lois	Date 09/14/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Kendricks	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW				
Address2 Apt 113				
City Atlanta				
State GA				
First Name Lois	Date 09/21/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Kendricks	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW				
Address2 Apt 113				
City Atlanta				
State GA				

Page Total \$400.00

* 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 Cesar Mitchell for Mayor

Page 287 of 375

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 Lois	Date 09/28/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Kendricks	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 311 Scott St SW				
Address2 Apt 113				
City Atlanta				
State GA				
First Name Krispy Kreme Donuts	Date 08/15/2017	Occupation	Meals and entertainment	\$7.80
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 295 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				
First Name Krispy Kreme Donuts	Date 09/18/2017	Occupation	Meals and entertainment	\$15.87
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 295 Ponce De Leon Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$73.67

* 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 Cesar Mitchell for Mayor

Page 288 of 375

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 07/07/2017	Occupation	Gasoline	\$52.00
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 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kroger	Date 07/18/2017	Occupation	Meals and entertainment	\$28.54
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 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kroger	Date 07/27/2017	Occupation	Meals and entertainment	\$76.61
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 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$157.15

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 289 of 375

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 08/09/2017	Occupation	Meals and entertainment	\$26.97
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kroger	Date 08/21/2017	Occupation	Meals and entertainment	\$13.83
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 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kroger	Date 09/18/2017	Occupation	Meals and entertainment	\$26.14
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$66.94

* 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 Cesar Mitchell for Mayor

Page 290 of 375

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 09/18/2017	Occupation	Meals and entertainment	\$51.84
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kroger	Date 09/22/2017	Occupation	Meals and entertainment	\$93.65
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3425 Cascade Rd SW				
Address2				
City Atlanta				
State GA				
First Name Lance T Jones & Associates	Date 09/22/2017	Occupation	Consulting Fees	\$1,875.00
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 1170 Peachtree St NE				
Address2				
City Atlanta				
State GA				

Page Total \$2,020.49

* 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 Cesar Mitchell for Mayor

Page 291 of 375

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 M Elliot Strong & Associates, LLC	Date 07/07/2017	Occupation	Security services	\$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 3355 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name M Elliot Strong & Associates, LLC	Date 07/19/2017	Occupation	Security services	\$480.00
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 3355 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name M Elliot Strong & Associates, LLC	Date 07/27/2017	Occupation	Security services	\$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 3355 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,680.00

* 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 Cesar Mitchell for Mayor

Page 292 of 375

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 M Elliot Strong & Associates, LLC	Date 08/17/2017	Occupation	Security services	\$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 3355 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name M Elliot Strong & Associates, LLC	Date 08/30/2017	Occupation	Security services	\$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 3355 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name M Elliot Strong & Associates, LLC	Date 09/14/2017	Occupation	Security services	\$1,305.00
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 3355 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$2,505.00

* 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 Cesar Mitchell for Mayor

Page 293 of 375

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 Mad Dog Mail, Inc.	Date 07/07/2017	Occupation	Atlanta Meeting Expenses	\$488.33
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 5542 First Coast Hwy				
Address2 Ste 300				
City Fernandina Beach				
State FL				
First Name Mad Dog Mail, Inc.	Date 07/27/2017	Occupation	Direct Mail Fee	\$3,196.33
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 5542 First Coast Hwy				
Address2 Ste 300				
City Fernandina Beach				
State FL				
First Name Mad Dog Mail, Inc.	Date 08/07/2017	Occupation	Direct Mail Fee	\$20,901.66
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 5542 First Coast Hwy				
Address2 Ste 300				
City Fernandina Beach				
State FL				

Page Total \$24,586.32

* 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 Cesar Mitchell for Mayor

Page 294 of 375

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 Maestro Conference Center	Date 07/24/2017	Occupation	Meals and entertainment	\$97.00
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 1025 3rd St				
Address2				
City Oakland				
State CA				
First Name Maestro Conference Center	Date 08/24/2017	Occupation	Meals and entertainment	\$97.00
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 1025 3rd St				
Address2				
City Oakland				
State CA				
First Name Maestro Conference Center	Date 09/25/2017	Occupation	Meals and entertainment	\$97.00
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 1025 3rd St				
Address2				
City Oakland				
State CA				

Page Total \$291.00

* 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 Cesar Mitchell for Mayor

Page 295 of 375

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 Mardi Gras Spot Last Name Address 2812 Toulouse St Address2 City New Orleans State LA Zip 70119-4137	Date 09/28/2017 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Event Supplies	\$704.56
First Name Sawyer J Last Name Mauldin Address 1400 Vernon Ridge Close Address2 City Dunwoody State GA Zip 30338-4236	Date 09/21/2017 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Information Requested Employer Information Requested	Canvassing	\$80.00
First Name Sawyer J Last Name Mauldin Address 1400 Vernon Ridge Close Address2 City Dunwoody State GA Zip 30338-4236	Date 09/28/2017 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Information Requested Employer Information Requested	Canvassing	\$80.00

Page Total \$864.56

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 296 of 375

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 Kevin	Date 07/14/2017	Occupation Information Requested	Consulting Fees	\$1,750.00
Last Name McCowan	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2205 Enon Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kevin	Date 07/31/2017	Occupation Information Requested	Consulting Fees	\$1,750.00
Last Name McCowan	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2205 Enon Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kevin	Date 08/16/2017	Occupation Information Requested	Consulting Fees	\$1,750.00
Last Name McCowan	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2205 Enon Rd SW				
Address2				
City Atlanta				
State GA				

Page Total \$5,250.00

* 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 Cesar Mitchell for Mayor

Page 297 of 375

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 Kevin	Date 08/31/2017	Occupation Information Requested	Consulting Fees	\$1,750.00
Last Name McCowan	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2205 Enon Rd SW				
Address2				
City Atlanta				
State GA				
First Name Kevin	Date 09/14/2017	Occupation Information Requested	Consulting Fees	\$1,750.00
Last Name McCowan	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2205 Enon Rd SW				
Address2				
City Atlanta				
State GA				
First Name Wilma	Date 09/14/2017	Occupation Information Requested	Phone bank	\$60.00
Last Name McCoy	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2977 Highland Park Dr				
Address2				
City Stone Mountain				
State GA				

Page Total \$3,560.00

* 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 Cesar Mitchell for Mayor

Page 298 of 375

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 Wilma	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name McCoy	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2977 Highland Park Dr				
Address2				
City Stone Mountain				
State GA				
First Name Wilma	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name McCoy	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2977 Highland Park Dr				
Address2				
City Stone Mountain				
State GA				
First Name Jerome	Date 07/07/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$690.00

* 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 Cesar Mitchell for Mayor

Page 299 of 375

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 Jerome	Date 07/14/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 07/19/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 07/27/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,350.00

* 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 Cesar Mitchell for Mayor

Page 300 of 375

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 Jerome	Date 08/01/2017	Occupation Information Requested	Gasoline Reimbursement	\$201.37
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 08/03/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 08/10/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,101.37

* 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 Cesar Mitchell for Mayor

Page 301 of 375

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 Jerome	Date 08/15/2017	Occupation Information Requested	Gasoline Reimbursement	\$155.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 08/17/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 08/24/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,055.00

* 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 Cesar Mitchell for Mayor

Page 302 of 375

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 Jerome	Date 08/24/2017	Occupation Information Requested	Gasoline	\$154.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 08/31/2017	Occupation Information Requested	Reimbursement for Supplies	\$70.28
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 08/31/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$674.28

* 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 Cesar Mitchell for Mayor

Page 303 of 375

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 Jerome		Date 09/07/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE					
Address2					
City Atlanta					
State GA	Zip 30324-4305				
First Name Jerome		Date 09/14/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE					
Address2					
City Atlanta					
State GA	Zip 30324-4305				
First Name Jerome		Date 09/14/2017	Occupation Information Requested	Reimbursement for Supplies	\$296.59
Last Name McKay		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE					
Address2					
City Atlanta					
State GA	Zip 30324-4305				

Page Total \$1,196.59

* 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 Cesar Mitchell for Mayor

Page 304 of 375

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 Jerome	Date 09/21/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 09/26/2017	Occupation Information Requested	Supplies and Fuel Reimbursement	\$183.60
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				
First Name Jerome	Date 09/28/2017	Occupation Information Requested	Canvassing	\$450.00
Last Name McKay	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2255 Lenox Rd NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,083.60

* 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 Cesar Mitchell for Mayor

Page 305 of 375

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 Noah	Date 09/21/2017	Occupation Information Requested	Canvassing	\$140.00
Last Name McQueen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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	Canvassing	
Address 4425 Rena Rd				
Address2 Apt 203				
City Suitland				
State MD				
First Name Noah	Date 09/28/2017	Occupation Information Requested	Canvassing	\$90.00
Last Name McQueen	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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	Canvassing	
Address 4425 Rena Rd				
Address2 Apt 203				
City Suitland				
State MD				
First Name Jonathan	Date 09/21/2017	Occupation Information Requested	Canvassing	\$30.00
Last Name Mensha	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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	Canvassing	
Address 639 Garden Walk Blvd				
Address2 Apt 2125				
City Atlanta				
State GA				

Page Total \$260.00

* 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 Cesar Mitchell for Mayor

Page 306 of 375

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 Jonathan	Date 09/28/2017	Occupation Information Requested	Canvassing	\$80.00
Last Name Mensha	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 639 Garden Walk Blvd				
Address2 Apt 2125				
City Atlanta				
State GA				
First Name MetroPCS	Date 07/07/2017	Occupation	Telephone and internet expense	\$228.00
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 851 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name MetroPCS	Date 07/20/2017	Occupation	Telephone and internet expense	\$40.80
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 851 Oak St SW				
Address2				
City Atlanta				
State GA				

Page Total \$348.80

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 307 of 375

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 08/02/2017	Occupation	Telephone and internet expense	\$239.67
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 851 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name MetroPCS	Date 09/01/2017	Occupation	Telephone and internet expense	\$251.16
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 851 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name MetroPCS	Date 09/21/2017	Occupation	Telephone and internet expense	\$305.77
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 851 Oak St SW				
Address2				
City Atlanta				
State GA				

Page Total \$796.60

* 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 Cesar Mitchell for Mayor

Page 308 of 375

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 09/21/2017	Occupation	Telephone and internet expense	\$305.77
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 851 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name MetroPCS	Date 09/28/2017	Occupation	Telephone and internet expense	\$413.00
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 851 Oak St SW				
Address2				
City Atlanta				
State GA				
First Name MetroPCS	Date 09/28/2017	Occupation	Telephone and internet expense	\$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 851 Oak St SW				
Address2				
City Atlanta				
State GA				

Page Total \$968.77

* 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 Cesar Mitchell for Mayor

Page 309 of 375

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 Milkshake Mayfield	Date 08/07/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Milkshake Mayfield	Date 08/16/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Milkshake Mayfield	Date 08/21/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 310 of 375

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 Milkshake Mayfield	Date 08/21/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Milkshake Mayfield	Date 08/29/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Milkshake Mayfield	Date 08/30/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 311 of 375

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 Milkshake Mayfield	Date 09/05/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA		Zip		
First Name Milkshake Mayfield	Date 09/07/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA		Zip		
First Name Milkshake Mayfield	Date 09/14/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA		Zip		

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 312 of 375

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 Milkshake Mayfield	Date 09/15/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Milkshake Mayfield	Date 09/20/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Milkshake Mayfield	Date 09/25/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 313 of 375

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 Motivated Print & Design	Date 08/22/2017	Occupation	Printing	\$1,354.00
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 5038 S Atlanta Rd SE				
Address2 # 108				
City Atlanta				
State GA		Zip 30339-1510		
First Name Motivated Print & Design	Date 08/22/2017	Occupation	Printing	\$1,944.00
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 5038 S Atlanta Rd SE				
Address2 # 108				
City Atlanta				
State GA		Zip 30339-1510		
First Name Motivated Print & Design	Date 09/08/2017	Occupation	Printing	\$765.85
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 5038 S Atlanta Rd SE				
Address2 # 108				
City Atlanta				
State GA		Zip 30339-1510		

Page Total \$4,063.85

* 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 Cesar Mitchell for Mayor

Page 314 of 375

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 Motivated Print & Design	Date 09/28/2017	Occupation	Printing	\$435.20
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 5038 S Atlanta Rd SE				
Address2 # 108				
City Atlanta				
State GA				
First Name Clifford	Date 09/21/2017	Occupation Information Requested	Canvassing	\$60.00
Last Name Muse	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 830 Westview Dr SW				
Address2				
City Atlanta				
State GA				
First Name Clifford	Date 09/28/2017	Occupation Information Requested	Canvassing	\$40.00
Last Name Muse	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 830 Westview Dr SW				
Address2				
City Atlanta				
State GA				

Page Total \$535.20

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 315 of 375

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 Najuma the Singer	Date 09/20/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name Najuma the Singer	Date 09/25/2017	Occupation	Event Cost - Entertainment	\$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 Atlanta				
State GA				
First Name National Car Rental	Date 08/02/2017	Occupation	Rental cars	\$820.00
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 174 Piedmont Ave NE				
Address2				
City Atlanta				
State GA				

Page Total \$1,020.00

* 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 Cesar Mitchell for Mayor

Page 316 of 375

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 NGP Van or Eve	Date 09/06/2017	Occupation	Software expense	\$1,770.00
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 392264				
Address2				
City Pittsburgh				
State PA				
First Name NGP Van or Eve	Date 09/25/2017	Occupation	Software expense	\$640.00
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 392264				
Address2				
City Pittsburgh				
State PA				
First Name Opinion Savvy, LLC	Date 09/26/2017	Occupation	Research Services	\$4,000.00
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 2369 Drew Valley Rd NE				
Address2				
City Brookhaven				
State GA				

Page Total \$6,410.00

* 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 Cesar Mitchell for Mayor

Page 317 of 375

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 Lance Randall	Date 09/26/2017	Occupation Campaign Manager	Reimburse Parking and Event Supplies	\$43.00
Last Name Orchid	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Ceasar Mitchell for Mayor		
Address 100 6th St NE				
Address2				
City Atlanta				
State GA				
First Name Stanley	Date 07/07/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Orr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6706 Pleasant Valley Dr				
Address2				
City Morrow				
State GA				
First Name Stanley	Date 07/14/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Orr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6706 Pleasant Valley Dr				
Address2				
City Morrow				
State GA				

Page Total \$393.00

* 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 Cesar Mitchell for Mayor

Page 318 of 375

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 Stanley	Date 07/19/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Orr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6706 Pleasant Valley Dr				
Address2				
City Morrow				
State GA				
First Name Stanley	Date 07/27/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Orr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 6706 Pleasant Valley Dr				
Address2				
City Morrow				
State GA				
First Name Patricia A.	Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Patrick	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1311 Cleveland Ave				
Address2 Apt 421				
City East Point				
State GA				

Page Total \$520.00

* 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 Cesar Mitchell for Mayor

Page 319 of 375

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 Patricia A.		Date 08/03/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Patrick		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1311 Cleveland Ave					
Address2 Apt 421					
City East Point					
State GA	Zip 30344-3413				
First Name Patricia A.		Date 08/17/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Patrick		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1311 Cleveland Ave					
Address2 Apt 421					
City East Point					
State GA	Zip 30344-3413				
First Name Patricia A.		Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Patrick		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1311 Cleveland Ave					
Address2 Apt 421					
City East Point					
State GA	Zip 30344-3413				

Page Total \$330.00

* 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 Cesar Mitchell for Mayor

Page 320 of 375

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 Patricia A.	Date 08/31/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Patrick	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 1311 Cleveland Ave	<input type="checkbox"/> In-kind			
Address2 Apt 421	<input type="checkbox"/> Loan Repayment			
City East Point	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30344-3413	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Patricia A	Date 09/14/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Patrick	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 1311 Cleveland Ave	<input type="checkbox"/> In-kind			
Address2 Apt 421	<input type="checkbox"/> Loan Repayment			
City East Point	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30344-3413	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			
First Name Patricia A	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Patrick	<input checked="" type="checkbox"/> Expenditure	Employer Information Requested		
Address 1311 Cleveland Ave	<input type="checkbox"/> In-kind			
Address2 Apt 421	<input type="checkbox"/> Loan Repayment			
City East Point	<input type="checkbox"/> Refund			
State GA	<input type="checkbox"/> Reimbursement			
Zip 30344-3413	<input type="checkbox"/> Credit Card			
	<input type="checkbox"/> 3rd Party			
	<input type="checkbox"/> Deferred Payment			
	<input type="checkbox"/> Payment on Deferred Expense			
	<input type="checkbox"/> Investment			

Page Total \$330.00

* 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 Cesar Mitchell for Mayor

Page 321 of 375

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 Patricia A	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Patrick	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1311 Cleveland Ave				
Address2 Apt 421				
City East Point				
State GA				
First Name Oli	Date 08/09/2017	Occupation Information Requested	Event Cost - Entertainment	\$100.00
Last Name Patterson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 215 Hicks Farm Rd NW				
Address2				
City Acworth				
State GA				
First Name Ollie	Date 09/19/2017	Occupation Entertainer	Event Cost - Entertainment	\$100.00
Last Name Patterson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Ollie Patterson Music, LLC		
Address 215 Hicks Farm Rd NW				
Address2				
City Acworth				
State GA				

Page Total \$320.00

* 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 Cesar Mitchell for Mayor

Page 322 of 375

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 Ollie	Date 09/20/2017	Occupation Entertainer	Community support/donations	\$200.00
Last Name Patterson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Ollie Patterson Music, LLC		
Address 215 Hicks Farm Rd NW				
Address2				
City Acworth				
State GA				
First Name Per Se Media Group	Date 08/03/2017	Occupation	Media Relations Services	\$971.92
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2221 Peachtree Rd NE				
Address2 Ste D510				
City Atlanta				
State GA				
First Name Prima	Date 08/07/2017	Occupation	Printing	\$131.42
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 191 14th St NW				
Address2				
City Atlanta				
State GA				

Page Total \$1,303.34

* 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 Cesar Mitchell for Mayor

Page 323 of 375

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 Publix	Date 07/19/2017	Occupation	Meals and entertainment	\$53.86
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Publix	Date 08/02/2017	Occupation	Event Cost - Food	\$118.12
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 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Publix	Date 09/13/2017	Occupation	Meals and entertainment	\$80.06
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				

Page Total \$252.04

* 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 Cesar Mitchell for Mayor

Page 324 of 375

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 Publix	Date 09/25/2017	Occupation	Supplies	\$41.86
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 950 W Peachtree St NW				
Address2				
City Atlanta				
State GA				
First Name Quiktrip	Date 07/04/2017	Occupation	Supplies	\$3.76
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 5390 Riverdale Rd				
Address2				
City College Park				
State GA				
First Name Quiktrip	Date 09/26/2017	Occupation	Gasoline	\$75.00
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 5390 Riverdale Rd				
Address2				
City College Park				
State GA				

Page Total \$120.62

* 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 Cesar Mitchell for Mayor

Page 325 of 375

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 Quiktrip	Date 09/29/2017	Occupation	Gasoline	\$78.00
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 5390 Riverdale Rd				
Address2				
City College Park				
State GA				
First Name Quill	Date 08/07/2017	Occupation	Office supplies	\$245.01
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address PO Box 37600				
Address2				
City Philadelphia				
State PA				
First Name Radio One, Inc.	Date 07/18/2017	Occupation	Community support/donations	\$1,250.00
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 101 Marietta St NW				
Address2 Ste 1200				
City Atlanta				
State GA				

Page Total \$1,573.01

* 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 Cesar Mitchell for Mayor

Page 326 of 375

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 Red Clay Democrats	Date 08/30/2017	Occupation	Community support/donations	\$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				
Address2				
City				
State				
First Name Red Rooster	Date 08/30/2017	Occupation	Venue rental	\$2,200.37
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 310 Malcolm X Blvd				
Address2				
City New York				
State NY				
First Name Lena	Date 09/25/2017	Occupation Information Requested	Consulting Fees	\$250.00
Last Name Reid-Morrow	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 921 Westmoreland Cir NW				
Address2 Apt 2310				
City Atlanta				
State GA				

Page Total \$2,700.37

* 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 Cesar Mitchell for Mayor

Page 327 of 375

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 Restaurant Depot	Date 09/15/2017	Occupation	Catering	\$703.16
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1455 Ellsworth Industrial Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Callie	Date 07/27/2017	Occupation Information Requested	Phone bank	\$400.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Callie	Date 08/03/2017	Occupation Information Requested	Phone bank	\$400.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				

Page Total \$1,503.16

* 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 Cesar Mitchell for Mayor

Page 328 of 375

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 Callie	Date 08/10/2017	Occupation Information Requested	Phone bank	\$400.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Callie	Date 08/17/2017	Occupation Information Requested	Phone bank	\$520.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Callie	Date 08/24/2017	Occupation Information Requested	Phone bank	\$400.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				

Page Total \$1,320.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 329 of 375

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 Callie	Date 08/31/2017	Occupation Information Requested	Phone bank	\$400.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Callie	Date 09/07/2017	Occupation Information Requested	Phone bank	\$300.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Callie	Date 09/14/2017	Occupation Information Requested	Phone bank	\$300.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				

Page Total \$1,000.00

* 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 Cesar Mitchell for Mayor

Page 330 of 375

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 Callie	Date 09/21/2017	Occupation Information Requested	Phone bank	\$400.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Callie	Date 09/28/2017	Occupation Information Requested	Phone bank	\$500.00
Last Name Roberts	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 700 Willow Creek Dr				
Address2				
City Sandy Springs				
State GA				
First Name Serpas Restaurant	Date 09/11/2017	Occupation	Food for Volunteer Event	\$209.42
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 659 Auburn Ave NE				
Address2 Ste 501				
City Atlanta				
State GA				

Page Total \$1,109.42

* 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 Cesar Mitchell for Mayor

Page 331 of 375

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 Shell		Date 07/12/2017	Occupation	Gasoline	\$26.45
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 1355 Ralph David Abernathy Blvd SW					
Address2					
City Atlanta					
State GA	Zip 30310-1649				
First Name Shell		Date 08/16/2017	Occupation	Gasoline	\$45.29
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1355 Ralph David Abernathy Blvd SW					
Address2					
City Atlanta					
State GA	Zip 30310-1649				
First Name Shell		Date 08/29/2017	Occupation	Gasoline	\$43.17
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1355 Ralph David Abernathy Blvd SW					
Address2					
City Atlanta					
State GA	Zip 30310-1649				

Page Total \$114.91

* 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 Cesar Mitchell for Mayor

Page 332 of 375

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 Shell	Date 09/07/2017	Occupation	Gasoline	\$46.73
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1355 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Shell	Date 09/15/2017	Occupation	Gasoline	\$47.45
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 1355 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Shell	Date 09/25/2017	Occupation	Gasoline	\$47.88
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 1355 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$142.06

* 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 Cesar Mitchell for Mayor

Page 333 of 375

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 Sheps Midtown Ace	Date 08/28/2017	Occupation	Supplies	\$12.95
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 100 6th St NE				
Address2 Ste 160				
City Atlanta				
State GA				
First Name Sheps Midtown Ace	Date 08/28/2017	Occupation	Supplies	\$43.18
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 100 6th St NE				
Address2 Ste 160				
City Atlanta				
State GA				
First Name Sheps Midtown Ace	Date 09/20/2017	Occupation	Office supplies	\$9.69
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 100 6th St NE				
Address2 Ste 160				
City Atlanta				
State GA				

Page Total \$65.82

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 334 of 375

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 Shirley Langley CPA	Date 07/03/2017	Occupation	Professional and Accounting Fees	\$4,000.00
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 1106 Ralph D. Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Shirley Langley CPA	Date 08/03/2017	Occupation	Professional Accounting Fees	\$5,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1106 Ralph D. Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name Shirley Langley CPA	Date 09/14/2017	Occupation	Professional and Accounting Fees	\$5,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1106 Ralph D. Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$14,000.00

* 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 Cesar Mitchell for Mayor

Page 335 of 375

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 Vickie D.	Date 08/17/2017	Occupation Information Requested	Phone bank	\$60.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				
First Name Vickie D.	Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				
First Name Vickie D.	Date 08/31/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 336 of 375

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 Vickie D	Date 09/07/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				
First Name Vickie D	Date 09/14/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				
First Name Vickie D	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 337 of 375

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 Vickie D	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Smith	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 5658 Marbut Rd				
Address2				
City Lithonia				
State GA				
First Name Southwest Airlines	Date 08/16/2017	Occupation	Airfare	\$385.96
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2702 Love Field Dr				
Address2				
City Dallas				
State TX				
First Name Southwest Airlines	Date 08/25/2017	Occupation	Airfare	\$323.96
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2702 Love Field Dr				
Address2				
City Dallas				
State TX				

Page Total \$829.92

* 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 Cesar Mitchell for Mayor

Page 338 of 375

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 Sprouts Farmers Market		Date 07/17/2017	Occupation	Event Cost	\$44.06
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1845 Piedmont Ave NE					
Address2 Ste 500					
City Atlanta					
State GA	Zip 30324-5141				
First Name Sprouts Farmers Market		Date 07/20/2017	Occupation	Community support/donations	\$46.16
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1845 Piedmont Ave NE					
Address2 Ste 500					
City Atlanta					
State GA	Zip 30324-5141				
First Name Sprouts Farmers Market		Date 08/15/2017	Occupation	Event Cost - Food	\$72.93
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 1845 Piedmont Ave NE					
Address2 Ste 500					
City Atlanta					
State GA	Zip 30324-5141				

Page Total \$163.15

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 339 of 375

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 James	Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Spurill	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3263 Valleydale Dr SW				
Address2				
City Atlanta				
State GA				
First Name James	Date 09/21/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Spurill	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3263 Valleydale Dr SW				
Address2				
City Atlanta				
State GA				
First Name James	Date 09/28/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Spurill	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 3263 Valleydale Dr SW				
Address2				
City Atlanta				
State GA				

Page Total \$450.00

* 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 Cesar Mitchell for Mayor

Page 340 of 375

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 Kayla	Date 08/03/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Kayla	Date 08/10/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Kayla	Date 08/17/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				

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 Cesar Mitchell for Mayor

Page 341 of 375

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 Kayla	Date 08/24/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Kayla	Date 08/31/2017	Occupation Information Requested	Canvassing	\$100.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Kayla	Date 09/07/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				

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 Cesar Mitchell for Mayor

Page 342 of 375

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 Kayla	Date 09/14/2017	Occupation Information Requested	Canvassing	\$150.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Kayla	Date 09/21/2017	Occupation Information Requested	Canvassing	\$200.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				
First Name Kayla	Date 09/28/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 60 Paschal Blvd NW				
Address2				
City Atlanta				
State GA				

Page Total \$400.00

* 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 Cesar Mitchell for Mayor

Page 343 of 375

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 Sheena	Date 07/27/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2859 Knollview Dr				
Address2				
City Decatur				
State GA				
First Name Sheena	Date 08/03/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2859 Knollview Dr				
Address2				
City Decatur				
State GA				
First Name Sheena	Date 08/10/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2859 Knollview Dr				
Address2				
City Decatur				
State GA				

Page Total \$330.00

* 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 Cesar Mitchell for Mayor

Page 344 of 375

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 Sheena	Date 08/17/2017	Occupation Information Requested	Phone bank	\$75.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2859 Knollview Dr				
Address2				
City Decatur				
State GA				
First Name Sheena	Date 08/24/2017	Occupation Information Requested	Phone bank	\$100.00
Last Name Stanford	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 2859 Knollview Dr				
Address2				
City Decatur				
State GA				
First Name Staples	Date 08/03/2017	Occupation	Office supplies	\$50.07
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 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				

Page Total \$225.07

* 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 Cesar Mitchell for Mayor

Page 345 of 375

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 Staples		Date 08/24/2017	Occupation	Office supplies	\$47.71
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 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				
First Name Staples		Date 09/20/2017	Occupation	Office supplies	\$206.78
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 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				
First Name Staples		Date 09/22/2017	Occupation	Office supplies	\$192.97
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE					
Address2 Ste 300					
City Atlanta					
State GA	Zip 30308-1864				

Page Total \$447.46

* 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 Cesar Mitchell for Mayor

Page 346 of 375

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 Staples	Date 09/26/2017	Occupation	Office supplies	\$83.84
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				
First Name Staples	Date 09/27/2017	Occupation	Office supplies	\$149.98
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 650 Ponce De Leon Ave NE				
Address2 Ste 300				
City Atlanta				
State GA				
First Name Starbucks	Date 09/18/2017	Occupation	Meals and entertainment	\$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 100 Peachtree St NW				
Address2				
City Atlanta				
State GA				

Page Total \$333.82

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 347 of 375

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 State Farm	Date 07/03/2017	Occupation	Insurance expense	\$475.00
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 588002				
Address2 P. O. Box 588002				
City North Metro				
State GA				
First Name Straight Talk	Date 07/19/2017	Occupation	Telephone and internet expense	\$260.09
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3200 Windy Hill Rd SE				
Address2 # 200				
City Atlanta				
State GA				
First Name Sure Payroll Fees	Date 07/05/2017	Occupation	Payroll processing fees	\$76.88
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 2350 Ravine Way				
Address2 Ste 100				
City Glenview				
State IL				

Page Total \$811.97

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 348 of 375

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 Sure Payroll Fees		Date 08/02/2017	Occupation	Payroll processing fees	\$70.91
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				
First Name Sure Payroll Fees				Date 09/05/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				
First Name Sure Payroll				Date 07/01/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				

Page Total \$34,113.92

* 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 Cesar Mitchell for Mayor

Page 349 of 375

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 Sure Payroll		Date 07/18/2017	Occupation	Payroll and Payroll Tax	\$35,521.48
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 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				
First Name Sure Payroll		Date 08/02/2017	Occupation	Payroll and Payroll Tax	\$30,015.07
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 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				
First Name Sure Payroll		Date 08/16/2017	Occupation	Payroll and Payroll Tax	\$24,251.33
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 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				

Page Total \$89,787.88

* 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 Cesar Mitchell for Mayor

Page 350 of 375

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 Sure Payroll		Date 09/01/2017	Occupation	Payroll and Payroll Tax	\$24,691.94
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				
First Name Sure Payroll				Date 09/18/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2350 Ravine Way					
Address2 Ste 100					
City Glenview					
State IL	Zip 60025-7621				
First Name T-mobile				Date 07/27/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3625 132nd Ave SE					
Address2					
City Bellevue					
State WA	Zip 98006-1325				

Page Total \$45,339.26

* 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 Cesar Mitchell for Mayor

Page 351 of 375

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 T-mobile	Date 08/30/2017	Occupation	Telephone and internet expense	\$135.00
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 3625 132nd Ave SE				
Address2				
City Bellevue				
State WA				
First Name T-mobile	Date 09/29/2017	Occupation	Telephone and internet expense	\$135.00
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 3625 132nd Ave SE				
Address2				
City Bellevue				
State WA				
First Name The Alliance	Date 08/29/2017	Occupation	Community support/donations	\$1,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 800 Spring St NW				
Address2				
City Atlanta				
State GA				

Page Total \$1,270.00

* 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 Cesar Mitchell for Mayor

Page 352 of 375

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 The Gathering Spot		Date 08/16/2017	Occupation	Venue rental	\$55.33
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 384 Northyards Blvd NW					
Address2 Ste 190					
City Atlanta					
State GA	Zip 30313-2441				
First Name The Gathering Spot		Date 08/16/2017	Occupation	Venue rental	\$502.23
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 384 Northyards Blvd NW					
Address2 Ste 190					
City Atlanta					
State GA	Zip 30313-2441				
First Name The Invia Group		Date 07/03/2017	Occupation	Media Consulting Fees	\$5,000.00
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1 E Chase St					
Address2 Ste 1115					
City Baltimore					
State MD	Zip 21202-2564				

Page Total \$5,557.56

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 353 of 375

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 The Invia Group	Date 07/14/2017	Occupation	Media Consulting Fees	\$8,500.00
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 1 E Chase St				
Address2 Ste 1115				
City Baltimore				
State MD				
First Name Toomeys Mardi Gras	Date 09/28/2017	Occupation	Event Supplies	\$454.48
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 755 McRae Ave				
Address2				
City Mobile				
State AL				
First Name Benedict	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Truman II	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1205 Westchester Ln NE				
Address2				
City Atlanta				
State GA				

Page Total \$9,074.48

* 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 Cesar Mitchell for Mayor

Page 354 of 375

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 U-Haul	Date 07/12/2017	Occupation	Rental cars	\$317.73
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 300 Peters St SW				
Address2				
City Atlanta				
State GA				
First Name Adrianne	Date 07/07/2017	Occupation Information Requested	Consulting Fees	\$1,475.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				
First Name Adrianne	Date 07/18/2017	Occupation Information Requested	Consulting Fees	\$1,250.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				

Page Total \$3,042.73

* 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 Cesar Mitchell for Mayor

Page 355 of 375

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 Adrienne	Date 08/03/2017	Occupation Information Requested	Consulting Fees	\$1,250.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				
First Name Adrienne	Date 08/17/2017	Occupation Information Requested	Consulting Fees	\$1,250.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				
First Name Adrienne	Date 08/30/2017	Occupation Information Requested	Consulting Fees	\$1,250.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				

Page Total \$3,750.00

* 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 Cesar Mitchell for Mayor

Page 356 of 375

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 Adrienne	Date 09/14/2017	Occupation Information Requested	Consulting Fees	\$1,250.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				
First Name Adrienne	Date 09/29/2017	Occupation Information Requested	Consulting Fees	\$1,250.00
Last Name Vestal	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 174 Shallow Ridge Ln NE				
Address2				
City Kennesaw				
State GA				
First Name Macedonia	Date 07/07/2017	Occupation Information Requested	Canvassing	\$50.00
Last Name Vickerson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 678 Mayland Ave SW				
Address2				
City Atlanta				
State GA				

Page Total \$2,550.00

* 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 Cesar Mitchell for Mayor

Page 357 of 375

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 Vonage	Date 07/20/2017	Occupation	Telephone and internet expense	\$93.27
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3200 Windy Hill Rd SE				
Address2 # 200				
City Atlanta				
State GA				
First Name Vonage	Date 08/21/2017	Occupation	Telephone and internet expense	\$93.27
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3200 Windy Hill Rd SE				
Address2 # 200				
City Atlanta				
State GA				
First Name Vonage	Date 09/20/2017	Occupation	Telephone and internet expense	\$59.47
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 3200 Windy Hill Rd SE				
Address2 # 200				
City Atlanta				
State GA				

Page Total \$246.01

* 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 Cesar Mitchell for Mayor

Page 358 of 375

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 Waste Pro Atlanta	Date 07/18/2017	Occupation	Trash removal	\$156.05
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit 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 865245				
Address2				
City Orlando				
State FL				
First Name Waste Pro Atlanta	Date 08/03/2017	Occupation	Trash removal	\$156.05
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit 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 865245				
Address2				
City Orlando				
State FL				
First Name Waste Pro Atlanta	Date 08/30/2017	Occupation	Trash removal	\$145.00
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 865245				
Address2				
City Orlando				
State FL				

Page Total \$457.10

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 359 of 375

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 West Egg Cafe	Date 07/24/2017	Occupation	Meals and entertainment	\$41.21
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 1100 Howell Mill Rd NW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 07/24/2017	Occupation	Printing	\$24.20
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 07/24/2017	Occupation	Printing	\$16.33
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$81.74

* 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 Cesar Mitchell for Mayor

Page 360 of 375

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 West End Print Shop	Date 07/27/2017	Occupation	Printing	\$22.50
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 07/28/2017	Occupation	Printing	\$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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 08/03/2017	Occupation	Printing	\$15.70
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$50.20

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 361 of 375

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 West End Print Shop	Date 08/08/2017	Occupation	Printing	\$14.23
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 08/09/2017	Occupation	Printing	\$15.14
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 08/10/2017	Occupation	Printing	\$32.70
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$62.07

* 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 Cesar Mitchell for Mayor

Page 362 of 375

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 West End Print Shop	Date 08/21/2017	Occupation	Printing	\$43.29
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 08/22/2017	Occupation	Printing	\$30.24
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 08/25/2017	Occupation	Printing	\$0.68
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$74.21

* 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 Cesar Mitchell for Mayor

Page 363 of 375

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 West End Print Shop	Date 08/30/2017	Occupation	Printing	\$27.73
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 09/06/2017	Occupation	Printing	\$6.54
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 09/15/2017	Occupation	Printing	\$122.08
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$156.35

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 364 of 375

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 West End Print Shop	Date 09/18/2017	Occupation	Printing	\$218.87
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 09/26/2017	Occupation	Printing	\$7.85
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 09/27/2017	Occupation	Printing	\$9.81
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$236.53

* 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 Cesar Mitchell for Mayor

Page 365 of 375

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 West End Print Shop	Date 09/27/2017	Occupation	Printing	\$26.71
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 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 09/27/2017	Occupation	Printing	\$30.67
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				
First Name West End Print Shop	Date 09/27/2017	Occupation	Printing	\$34.34
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 964 Ralph David Abernathy Blvd SW				
Address2				
City Atlanta				
State GA				

Page Total \$91.72

* 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 Cesar Mitchell for Mayor

Page 366 of 375

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 Damon	Date 09/21/2017	Occupation Information Requested	Canvassing	\$30.00
Last Name West	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1214 W Seltzer St				
Address2				
City Phila				
State PA				
First Name Damon	Date 09/28/2017	Occupation Information Requested	Canvassing	\$120.00
Last Name West	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1214 W Seltzer St				
Address2				
City Phila				
State PA				
First Name Margarite	Date 09/14/2017	Occupation Information Requested	Phone bank	\$60.00
Last Name White	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 189 Fairfield Pl NW				
Address2				
City Atlanta				
State GA				

Page Total \$210.00

* 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 Cesar Mitchell for Mayor

Page 367 of 375

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 Margarite	Date 09/21/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name White	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 189 Fairfield Pl NW				
Address2				
City Atlanta				
State GA				
First Name Margarite	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name White	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 189 Fairfield Pl NW				
Address2				
City Atlanta				
State GA				
First Name Wilson's Melons	Date 08/16/2017	Occupation	Event Cost	\$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 16 Forest Pkwy				
Address2				
City Forest Park				
State GA				

Page Total \$340.00

* 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 Cesar Mitchell for Mayor

Page 368 of 375

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 Wilson's Melons	Date 08/24/2017	Occupation	Event Cost	\$180.00
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 16 Forest Pkwy				
Address2				
City Forest Park				
State GA				
Zip 30297-2006				
First Name Effie	Date 08/10/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				
Zip 30079-1427				
First Name Effie	Date 08/17/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				
Zip 30079-1427				

Page Total \$420.00

* 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 Cesar Mitchell for Mayor

Page 369 of 375

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 Effie	Date 08/24/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				
First Name Effie	Date 08/31/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				
First Name Effie	Date 09/07/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				

Page Total \$330.00

* 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 Cesar Mitchell for Mayor

Page 370 of 375

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 Effie	Date 09/14/2017	Occupation Information Requested	Phone bank	\$90.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				
First Name Effie	Date 09/21/2017	Occupation Information Requested	Phone bank	\$170.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				
First Name Effie	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wilson	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 560 Parkdale Dr				
Address2 Unit 210				
City Scottdale				
State GA				

Page Total \$380.00

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

Public Officer/Candidate/Other Than Candidate Committee Name Cesar Mitchell for Mayor

Page 371 of 375

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 Roberta	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wise	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 156 Fairfield Pl NW				
Address2 # B12				
City Atlanta				
State GA				
First Name Rachel	Date 09/21/2017	Occupation Information Requested	Phone bank	\$60.00
Last Name Wright	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1625 Hampshire Pl				
Address2				
City Decatur				
State GA				
First Name Rachel	Date 09/28/2017	Occupation Information Requested	Phone bank	\$120.00
Last Name Wright	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 1625 Hampshire Pl				
Address2				
City Decatur				
State GA				

Page Total \$300.00

* 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 Cesar Mitchell for Mayor

Page 372 of 375

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 Wyndham		Date 08/29/2017	Occupation	Hotel	\$136.00
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 481 8th Ave					
Address2					
City New York					
State NY	Zip 10001-1809				
First Name Wyndham				Date 08/30/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 481 8th Ave					
Address2					
City New York					
State NY	Zip 10001-1809				
First Name WYP Sterling Diam				Date 08/22/2017	Occupation
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2462 Cannon Farm Trce					
Address2					
City Duluth					
State GA	Zip 30097-7444				

Page Total \$1,501.00

* 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 Cesar Mitchell for Mayor

Page 373 of 375

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 Zapplication.Org	Date 08/03/2017	Occupation	Application Fee	\$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 Grant Park Summer Shade Festival				
Address2				
City Atlanta				
State GA				
First Name Zapplication.Org	Date 08/07/2017	Occupation	Community support/donations	\$275.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address Grant Park Summer Shade Festival				
Address2				
City Atlanta				
State GA				
First Name Zapplication.Org	Date 08/23/2017	Occupation	Community support/donations	\$275.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address Grant Park Summer Shade Festival				
Address2				
City Atlanta				
State GA				

Page Total \$575.00

* 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 Cesar Mitchell for Mayor

Page 374 of 375

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report should not be listed on Addendum Statement.