

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official <u>Cobb County, Mableton</u> Office Held or Sought <u>City Council - District 4</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID <u>N/A</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; height: 20px; width: 100px;"></div>
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3. Identifying and Contact Information

- (1) Patricia Jean Auch (2) 03/06/2023
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date
- (3) 4772 Brent Ct SE Mableton GA 30126
Mailing Address City State Zip Code
- (4) 205-790-4214 and/ or Patricia.Auch.jc@gmail.com
Primary Contact Phone Number E-Mail
- (5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? ☒ Yes ☐ No
- (6) If yes, is the committee registered with the Commission? ☒ Yes ☐ No
- (7) If yes, complete the following: Patricia Auch | Patricia Auch
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box


My Non-Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input checked="" type="checkbox"/> 15 days before Special, <u>2023</u> (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)			

*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i

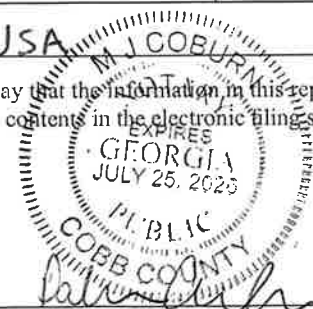
State of GeorgiaCounty of USA

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

Sworn to and subscribed before me on March 06, 2023


 Signature of Notary Public

7/25/26
 Commission Expiration


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

State of Georgia Campaign Contribution Disclosure Report Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input 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.	0	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$1,305.52	\$4,551.09
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		\$0.14
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		EEPA 3/6/23 \$0.14 0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	0	0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	1,305.52	4,551.23
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	1,305.52	4,551.23

EXPENDITURES MADE

7	<input checked="" type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	0	0
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	N/A	3264.34
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	N/A	0
11	Total expenditures reported this period. (Line 9 + 10)	N/A	3264.34
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	NA	3264.34

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		0
14	Total value of investments held at the end of this reporting period.		0

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	N/A	\$1286.89
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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 Indebtness

Election Cycle*: <u>Special Election (March 21)</u> Election Year: <u>2023</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia

Campaign Contribution Disclosure Report

Investments Statement

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

Investment Transactions

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
				0	0

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

Investment Transactions

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

<u>Total value of investments at beginning of reporting period \$</u> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>	Page Total Cash Dividends: \$ <u>0</u> Page Total Interest Paid Out: \$ <u>0</u> Page Total Profit: \$ <u>0</u> Page Total Loss: \$ <u>0</u>
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State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

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



State of Georgia

Campaign Contribution Disclosure Report

Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name <u>Patricia</u>	Date <u>01/07/2023</u>	Occupation <u>Regulatory Affairs Associate</u>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. <u>50</u>	Est. Value <u>N/A</u>
Last Name <u>Auch</u>					
Address <u>4772 Brent Ct SE</u>					
Address2	<input checked="" type="checkbox"/> Monetary	Employer <u>Mikart</u>			Description
City <u>Mableton</u>	<input type="checkbox"/> In-Kind				
State <u>GA</u>	<input type="checkbox"/> Common Source				
Zip <u>30126</u>	<input type="checkbox"/> Credit Received on Loan				<u>N/A (open account)</u>
Aff. Comm.					
First Name or Business Name <u>Christina</u>	Date <u>01/13/23</u>	Occupation <u>Medical Director</u>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. <u>1000</u>	Est. Value <u>N/A</u>
Last Name <u>Lynn</u>					
Address <u>545 Lawton Bridge Rd</u>					
Address2	<input type="checkbox"/> Monetary	Employer <u>CVS Health</u>			Description
City <u>Smyrna</u>	<input type="checkbox"/> In-Kind				
State <u>GA</u>	<input type="checkbox"/> Common Source				
Zip <u>30082</u>	<input type="checkbox"/> Credit Received on Loan				<u>N/A</u>
Aff. Comm.					
First Name or Business Name <u>Patricia</u>	Date <u>01/23/23</u>	Occupation <u>Regulatory Affairs Associate</u>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. <u>950</u>	Est. Value <u>N/A</u>
Last Name <u>Auch</u>					
Address <u>4772 Brent Ct</u>					
Address2	<input type="checkbox"/> Monetary	Employer <u>Mikart</u>			Description
City <u>Mableton</u>	<input type="checkbox"/> In-Kind				
State <u>GA</u>	<input type="checkbox"/> Common Source				
Zip <u>30126</u>	<input type="checkbox"/> Credit Received on Loan				<u>N/A</u>
Aff. Comm.					

Itemized Contributions Page Total \$ 2,000 \$ 0

First Name or Business Name Susan	Date 01/15/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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	Est. Value N/A
Last Name Perez					
Address 4741 Crest Knoll					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired Delta			Description cash
City Mableton	<input type="checkbox"/> In-Kind				
State GA	Zip 30126				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Patricia	Date 1/13/23	Occupation Reg. Affairs	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. N/A	Est. Value 174.23
Last Name Auch					
Address 4772 Brent Ct					
Address2	<input type="checkbox"/> Monetary	Employer Mikart			Description Printer ink + printable post cards
City Mableton	<input checked="" type="checkbox"/> In-Kind				
State GA	Zip 30126				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Patricia A. Egan 3/13/23	Date 1/13/23	Occupation Reg Affairs	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. N/A	Est. Value EEPA 3/13/23 Stamps \$73.78
Last Name Auch					
Address 4772 Brent Ct					
Address2	<input type="checkbox"/> Monetary	Employer Mikart			Description Stamps
City Mableton	<input checked="" type="checkbox"/> In-Kind				
State GA	Zip 30126				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Patricia	Date 1/19/23	Occupation Reg Affairs	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. N/A	Est. Value 24.32
Last Name Auch					
Address 4772 Brent Ct					
Address2	<input type="checkbox"/> Monetary	Employer Mikart			Description Tshirts, transfer paper, Thank-you cards
City Mableton	<input type="checkbox"/> In-Kind				
State GA	Zip 30126				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 100				272.93 372.33	

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

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

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

Calculation error
Per 3/14/23

First Name or Business Name Krista	Date 2/17/23	Occupation Special Education	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. N/A	Est. Value \$325
Last Name Reilly					
Address 3839 Felton Hill Rd					
Address2	<input type="checkbox"/> Monetary	Employer ATL Public Schools			Description Barnes Mill Clubhouse rental
City Smyrna	<input checked="" type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30082	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Kim	Date 1/21/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 52.23	Est. Value N/A
Last Name Landmon					
Address 999 Clay Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Navy			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Skip	Date 1/20/23	Occupation Architect	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5.50	Est. Value N/A
Last Name Carleton					
Address 4772 Brent Ct					
Address2	<input checked="" type="checkbox"/> Monetary	Employer McGregor			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Mickie	Date 1/22/23	Occupation Elections Area Supervisor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 104.15	Est. Value N/A
Last Name McDaniels					
Address 533 Shannon Green Circle					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Cobb County			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total \$ 161.88 \$ 325					

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

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

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

First Name or Business Name Dave	Date 1/22/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 104.15	Est. Value N/A
Last Name McDaniels					
Address 533 Shannon Green Circle					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Bayla	Date 1/23/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 21.08	Est. Value N/A
Last Name Badalament					
Address 4131 Kalb Ct SW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description Donorbox Donation
City Smyrna	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30082	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Patricia	Date 1/23/23	Occupation I.T.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 52.32	Est. Value N/A
Last Name Thomas					
Address 1216 Wandering Vine Ct					
Address2	<input type="checkbox"/> Monetary	Employer			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Karen	Date 1/23/23	Occupation retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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	Est. Value N/A
Last Name Takada					
Address 922 Pebblebrook Rd SE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total				277.55	0
				455.10	0

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

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

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

First Name or Business Name Terry		Date 1/28/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 207.74	Est. Value N/A
Last Name Heinlein		Employer N/A				Description Donorbox Donation
Address 4880 Timberland Dr		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Address2		City Mableton				
State GA		Zip 30126				
Aff. Comm.						
First Name or Business Name Barbara		Date 2/4/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value N/A
Last Name Auch		Employer Retired				Description Donorbox Donation
Address 17332 Seven Mile Post Rd		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Address2		City Athens				
State AL		Zip 35611				
Aff. Comm.						
First Name or Business Name Roy		Date 2/2/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 104.12	Est. Value N/A
Last Name Wilcox		Employer Retired				Description Donorbox Donation
Address 410 Christen Trace SW		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Address2		City Mableton				
State GA		Zip 30126				
Aff. Comm.						
First Name or Business Name Anne		Date 2/3/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 104.12	Est. Value N/A
Last Name Winters		Employer N/A				Description Donorbox Donation
Address 5160 Civitania Rd		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Address2		City Mableton				
State GA		Zip 30126				
Aff. Comm.						
Itemized Contributions Page Total \$ 615.98 \$ 0						

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

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

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

First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value	
First Name or Business Name: Brittany Last Name: Lance Address: 1601 Walker St SE Address2: City: Smyrna State: GA Zip: 30082 Aff. Comm.:	2/3/23	Analytical Chemist		31.59	Est. Value: N/A Description: Donorbox Donation	
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	First Name or Business Name: Ray Last Name: Barnes Address: 3877 Felton Hill Rd Address2: City: Smyrna State: GA Zip: 30082 Aff. Comm.:	2/9/23	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	26.41	Est. Value: N/A Description: Donorbox Donation
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	First Name or Business Name: Angela Last Name: Daehs Address: 172 Belfast Ct Address2: City: Mableton State: GA Zip: 30126 Aff. Comm.:	2/8/23	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	52.23	Est. Value: N/A Description: Donorbox Donation
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	First Name or Business Name: Kristi Last Name: Piotrowski Address: 163 E Santa Barbara Rd Address2: City: Lindenhurst State: NY Zip: 11757 Aff. Comm.:	2/5/23	real estate Realtor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	52.23	Est. Value: N/A Description: Donorbox Donation
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	First Name or Business Name: Signature Premier Properties Last Name: Address: Address2: City: State: Zip: Aff. Comm.:					

Itemized Contributions Page Total \$ **162.46** \$ **0**

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

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

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

First Name or Business Name Mike	Date 2/18/23	Occupation Elections Area Supervisor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 104.15	Est. Value N/A
Last Name McDaniels					
Address 533 Shannon Green Circle					
Address2	<input checked="" type="checkbox"/> Monetary	Employer cobb			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Joe	Date 2/20/23	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 31.46	Est. Value N/A
Last Name Seabolt					
Address 4378 Conwhey Ct SW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Michele	Date 2/20/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 50	Est. Value N/A
Last Name Balston					
Address 4523 Kinvarra Circle					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Frank	Date 2/20/23	Occupation retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. 104.15	Est. Value N/A
Last Name Madden					
Address 5104 Stonewood Circle SE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description Donorbox Donation
City Mableton	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30126	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total \$ 289.76 s 0					

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

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

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

First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
First Name or Business Name: Ray Last Name: Barnes Address: 3877 Felton Hill Rd Address2: City: Smyrna State: GA Zip: 30082 Aff. Comm.:	3/2/23	Retired		26.41	N/A
First Name or Business Name: Sandy Last Name: Miller Address: 59 Wexford Ct SW Address2: City: Mableton State: GA Zip: 30126 Aff. Comm.:	3/14/23 01/06/23	Retired	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	50	N/A
First Name or Business Name: Bob Last Name: Roche Address: 10 Concord Rd Address2: City: Smyrna State: GA Zip: 30082 Aff. Comm.:	1/6/23	Retired	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	100	N/A
First Name or Business Name: Boyd Last Name: Hinson Address: 4650 Oconnor Way SE Address2: City: Mableton State: GA Zip: 30126 Aff. Comm.:	2/7/23	Retired	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	150	N/A
Itemized Contributions Page Total \$ 326.41 \$ 0					

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

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

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

First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
First Name or Business Name: Debora Last Name: Herndon Address: 4097 Barnes Meadow Rd Address2: City: Smyrna State: GA Zip: 30082 Aff. Comm.: PA 30126	2/24	Law office	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	301	NA zelle
First Name or Business Name: Ray Last Name: Fitzpatrick Address: 4540 Queen Anne Ct Address2: City: Mableton State: GA Zip: 30126 Aff. Comm.: 	2/26/23	Retired	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	260	N/A check
First Name or Business Name: Christina Last Name: Lynn Address: 545 Lawton Bridge Rd Address2: City: Smyrna State: GA Zip: 30082 Aff. Comm.: 	2/14/23	Medical Director	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	N/A	EEPA 3/14/23 72.38 216.34 Postcard Supplies & Stamps
First Name or Business Name: Jack Last Name: Booker Address: 5109 Fawn Trail Address2: City: Mableton State: GA Zip: 30126 Aff. Comm.: 	3/04/2023	Retired	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	16.05	N/A Donorbox Donation

Itemized Contributions Page Total

\$ **517.05**\$ **501.00**

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

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

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

216.34

First Name or Business Name Judy		Date 01/18/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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	Est. Value N/A
Last Name King		Employer N/A			<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description Cash
Address 4141 Kalb Ct						
Address2						
City Smyrna						
State GA		Zip 30082				
Aff. Comm.						
First Name or Business Name Denny		Date 1/28/23	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. N/A	Est. Value 280
Last Name Wilson		Employer State			<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description Signs
Address 56 Hillcrest Dr SE						
Address2						
City Austell						
State GA		Zip 30168				
Aff. Comm.						
First Name or Business Name Christina		Date	Occupation Health care Director	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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. N/A	Est. Value 211.85
Last Name Lynn		Employer CVS			<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Description Banners
Address 545 Lawton Bridge Rd						
Address2						
City Smyrna						
State GA		Zip 30082				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name		Employer				
Address						
Address2						
City						
State		Zip				
Aff. Comm.						

space not used 01/31/23

Itemized Contributions Page Total \$ **100** \$ **491.85**

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

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

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

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name COBB Elections Last Name N/A Address 995 Roswell St NE Address2 N/A City Marietta State GA Zip 30060	Date 01/18/2023 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Elections & Registration Employer COBB COUNTY	Qualification	600
First Name Poliengine Last Name N/A Address 621 NW 12th Ave Address2 N/A City Gainesville State FL Zip 32601	Date 1/18/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Website Builder Employer N/A	Website	35
First Name USPS Last Name N/A Address 5284 Floyd Rd Address2 N/A City Mableton State GA Zip 30126	Date 01/20/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Postal Service Employer N/A	Roll of STAMPS	60

Page Total \$ **695**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name WALMART Last Name N/A Address 1133 EW Connector Address2 N/A City Austell State GA Zip 30106	Date 1/20/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Retail Store Employer N/A	Envelopes	10.36
First Name GoDaddy Last Name N/A Address 2150 E. Warner Rd Address2 N/A City Tempe State Arizona Zip	Date 1/19/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Domain for Website Employer N/A	Website Domain	13.16
First Name Fallen Collector Last Name (http://www.fallencollector.com) Address Address2 City State Zip	Date 1/23/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Online Retail Store Employer N/A	STAMPS	143.96

Page Total \$ **167.48**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Dirt Cheap Signs Last Name (dirtcheapsigns.com) Address 6706 Lohman Ford Rd Address2 N/A City Lago Vista State TX Zip 78645	Date 1/23/23 <input checked="" type="checkbox"/> Expenditure In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Online Retail Employer N/A	Signs	988.79
First Name Lowes Last Name N/A Address 1717 EW Connector Address2 N/A City Austell State GA Zip 30106	Date 2/4/23 <input type="checkbox"/> Expenditure In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Retail Store Employer	T-posts for Banners	50.75
First Name Home Depot Last Name Address Address2 City Austell State GA Zip 30106	Date 2/4/23 <input type="checkbox"/> Expenditure In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Retail Store Employer	T-posts for Banners & zip ties	81.03

Page Total \$ **1,120.57**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Vista Print <hr/> Last Name (www.vistaprint.com) <hr/> Address <hr/> Address2 <hr/> City <hr/> State Zip <hr/>	Date 2/11/23 <hr/> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Online Retail <hr/> Employer <hr/>	Door Hangers <hr/>	480.09 <hr/>
First Name OFFICE MAX <hr/> Last Name <hr/> Address <hr/> Address2 <hr/> City <hr/> State Zip <hr/>	Date 2/19/23 <hr/> <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retail Store <hr/> Employer <hr/>	Envelopes <hr/>	27.87 <hr/>
First Name Poliengine <hr/> Last Name (poliengine.com) <hr/> Address <hr/> Address2 <hr/> City <hr/> State Zip <hr/>	Date 2/20/23 <hr/> <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Website <hr/> Employer <hr/>	Website <hr/>	35.00 <hr/>

Page Total \$ **542.96**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name OFFICE DEPOT Last Name Address Address2 City Atlanta State GA Zip	Date 2/20/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retail office supplies Employer N/A	A9 Envelopes	34.17
First Name USPS Last Name N/A Address 1984 Howell Mill Rd NW Address2 N/A City Atlanta State GA Zip 30327	Date 2/21/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 US Postal Service Employer N/A	STAMPS	96.00
First Name LOWES Last Name Address 1717 EW Connector Address2 City Austell State GA Zip 30106	Date 2/24/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retail Employer N/A	T-posts for banner	17.34

Page Total \$ **147.51**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Dirt Cheap Signs Last Name Address Address2 City State Zip	Date 2/23/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Online Retail Employer	Signs	252.80
First Name OFFICE DEPOT Last Name Address Address2 City State Zip	Date 3/2/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retail Employer	Envelopes	34.17
First Name Thrift Books Last Name (www.thriftbooks.com) Address Address2 City State Zip	Date 3/2/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Online Retail Employer	Book: "Creating the New city of Sandy Springs: The 21st Century Paradigm: Private Industry."	8.35

Page Total \$ **295.32**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 10/19

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Donorbox Last Name (donorbox.org) Address Address2 City State Zip 	Date 3/5/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Online donation Platform Employer N/A	Donorbox Fees	76.10
First Name Popshelf Last Name N/A Address 1757 E W Connector Address2 N/A City Austell State GA Zip 30106	Date 3/5/23 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Retail Store Employer N/A	Meet & Greet supplies (table cloths, treat bags, candy, etc)	45.64
First Name Office Max Last Name N/A Address 1757 East-West Connector Address2 N/A City Austell State GA Zip 30106	Date 3/5/23 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retail Store Employer N/A	Business CARDS & Printer Ink	103.65

Page Total \$ **225.39**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
Public Officer/Candidate/Other Than Candidate Committee Name

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Office Depot	Date 03/06/23	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Retail Store	(2) Slanted sign holders	48.20
Last Name Office Max	Employer N/A				
Address 1801 Howell Mill Rd					
Address2 _____					
City Atlanta					
State GA	Zip 30318				
First Name Kroger	Date 03/06/23	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Grocery Retail	Candy for Meet & Greet treat bags	21.91
Last Name _____	Employer N/A				
Address 1715 Howell Mill Rd					
Address2 _____					
City Atlanta					
State GA	Zip 30318				
First Name	Date				
Last Name					
Address					
Address2					
City					
State	Zip				
First Name	Date				
Last Name					
Address					
Address2					
City					
State	Zip				
First Name	Date				
Last Name					
Address					
Address2					
City					
State	Zip				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ **70.11**

Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	City	<input type="checkbox"/> Other Than Candidate Committee Name
State		State	
Zip		Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	City	<input type="checkbox"/> Other Than Candidate Committee Name
State		State	
Zip		Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <u>0</u>	

NO loans to Report
pa. 3/4/23

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

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

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