

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 Office Held or Sought <u>Board of Education District 1</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

(1) Rachel Stone (2) 05/09/2024
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 1655 Grayson Hwy Grayson GA 30017
Mailing Address City State Zip Code

(4) (706) 716-1692 and/ or rachel.stone@alumni.emory.edu
Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? Yes No

(6) If yes, is the committee registered with the Commission? Yes No

(7) If yes, complete the following: _____
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

My Non-Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input checked="" type="checkbox"/> April 30, <u>2024</u> (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 type="checkbox"/> 15 days before Special, _____ (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

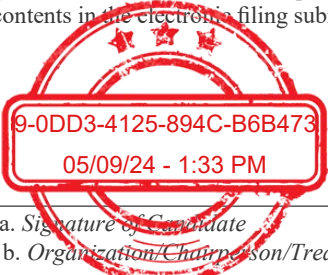
State of _____ County of _____

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

Sworn to and subscribed before me on _____, 20____

Signature of Notary Public

Commission Expiration



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

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.	\$0.00	\$0.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$225.00	\$3,282.00
3a	All loans received this reporting period.		\$0.00
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.		\$0.00
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	\$0.00	\$0.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$225.00	\$3,282.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$225.00	\$3,282.00

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	\$0.00	\$0.00
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$1,795.15
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	\$0.00	\$0.00
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$1,795.15
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$1,795.15

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	\$225.00	\$1,486.85
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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.

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	\$0.00
2	Loans received this reporting period.	\$0.00
3	Deferred payment of expenses this reporting period	\$0.00
4	Payments made on loans this reporting period.	\$0.00
5	Credits received on loans this reporting period	\$0.00
6	Payments this reporting period on previously deferred expenses.	\$0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	\$0.00
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	\$0.00
2	Loans received this reporting period.	\$0.00
3	Deferred payment of expenses this reporting period	\$0.00
4	Payments made on loans this reporting period.	\$0.00
5	Credits received on loans this reporting period	\$0.00
6	Payments this reporting period on previously deferred expenses.	\$0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	\$0.00
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	\$0.00
2	Loans received this reporting period.	\$0.00
3	Deferred payment of expenses this reporting period	\$0.00
4	Payments made on loans this reporting period.	\$0.00
5	Credits received on loans this reporting period	\$0.00
6	Payments this reporting period on previously deferred expenses.	\$0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	\$0.00

* Election Cycle (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 Itemized Contributions

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

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

Full Name of Contributor Mailing Address (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 Alexander	Date 2024-03-01	Occupation	<input checked="" 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. \$200.00	Est. Value \$0.00	
Last Name Northover						
Address 3630 Peachtree Rd. NE						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City Atlanta	<input type="checkbox"/> In-Kind					
State GA	Zip 30326	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					
First Name or Business Name Cedric	Date 2024-03-22	Occupation	<input checked="" 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. \$200.00	Est. Value \$0.00	
Last Name Cole						
Address 1000 Northside Dr. NW						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City Atlanta	<input type="checkbox"/> In-Kind					
State GA	Zip 30318	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					
First Name or Business Name Rachel	Date 2024-03-22	Occupation	<input checked="" 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. \$500.00	Est. Value \$0.00	
Last Name Stone						
Address 1655 Grayson Hwy						
Address2 Apt. 6413	<input checked="" type="checkbox"/> Monetary	Employer				Description
City Grayson	<input type="checkbox"/> In-Kind					
State GA	Zip 30017	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan					

Itemized Contributions Page Total \$ 900.00 \$ 0.00

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First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Robert		2024-03-24				\$250.00
Last Name Khan						
Address 1557 Wesley Pkwy NW						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30327	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Mike		2024-04-21				\$250.00
Last Name Patel						
Address 11401 Long Beach Blvd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Linwood		<input type="checkbox"/> In-Kind				
State CA	Zip 90262	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Jaime		2024-03-08				\$30.00
Last Name Poole						
Address 358 Milberry Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Winder		<input type="checkbox"/> In-Kind				
State GA	Zip 30680	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Leslie		2024-03-21				\$25.00
Last Name Ramirez						
Address 4110 Amber Trail						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Duluth		<input type="checkbox"/> In-Kind				
State GA	Zip 30096	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 555.00	\$ 0.00

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

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

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

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First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Rakesh		2024-03-24				\$501.00
Last Name Patel						
Address 1840 Colorado Blvd						
Address2 A		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Los Angeles		<input type="checkbox"/> In-Kind				
State GA	Zip 90041	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Chituru		2024-03-22			\$1,000.00	\$0.00
Last Name Adele						
Address 483 Upper Riverdale Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Riverdale		<input type="checkbox"/> In-Kind				
State GA	Zip 30274	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Johnderrius		2024-03-21			\$0.00	\$225.00
Last Name Lovett						
Address 1770 Alcovy River Dr						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City Dacula		<input checked="" type="checkbox"/> In-Kind				
State GA	Zip 30019	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Yanisha		2024-03-19			\$50.00	\$0.00
Last Name Mann						
Address 116 Pond Pine Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Plymouth		<input type="checkbox"/> In-Kind				
State NC	Zip 27962	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 1,551.00	\$ 225.00

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

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

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

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First Name or Business Name Pinal		Date 2024-04-11	Occupation	<input checked="" 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. \$51.00	Est. Value \$0.00
Last Name Patel						
Address 4271 Sidco Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Nashville		<input type="checkbox"/> In-Kind				
State TN	Zip 37204	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Lorraine		Date 2024-03-19	Occupation	<input checked="" 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. \$25.00	Est. Value \$0.00
Last Name Gray						
Address 2703 Summit Pkwy SW						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30331	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Brienne		Date 2024-03-18	Occupation	<input checked="" 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. \$40.00	Est. Value \$0.00
Last Name Chriss						
Address 5783 Lanny Lane						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Lithonia		<input type="checkbox"/> In-Kind				
State GA	Zip 30058	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Joe		Date 2024-04-11	Occupation	<input checked="" 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. \$100.00	Est. Value \$0.00
Last Name Buscaino						
Address 1621 W. 25th Street						
Address2 #370		<input checked="" type="checkbox"/> Monetary	Employer			Description
City San Pedro		<input type="checkbox"/> In-Kind				
State CA	Zip 90732	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$					\$216.00	\$0.00

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

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

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

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First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Brent		2024-03-21				\$10.00
Last Name Mouton						
Address 1080 Ballington Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Cumming		<input type="checkbox"/> In-Kind				
State GA	Zip 30041	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Tyler		2024-03-21			\$50.00	\$0.00
Last Name Owens						
Address 2025 Brook View Ave.						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30340	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
					\$0.00	\$0.00
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
					\$0.00	\$0.00
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 60.00	\$ 0.00

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

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

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

CFC-CCDR1/14

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 Pendragon Consulting Last Name Address 5456 Peachtree Blvd. Address2 City Atlanta State GA Zip 30341	Date 2024-03-19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Campaign Consulting	\$250.00
First Name About Magazines Gwinnett/Snellville Last Name Address 2245 Wisteria Drive Southwest Address2 Suite 230 City Snellville State GA Zip 30078	Date 2024-03-22 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Magazine Feature (March 2024)	\$397.50
First Name Signs Hut Last Name Address 207 N. Goldenrod Rd Address2 Suite 200 City Orlando State FL Zip 32807	Date 2024-04-25 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Yard Signs	\$36.00

Page Total \$ 683.50

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

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Signs Hut		Date 2024-04-20	Occupation	Yard Signs	\$260.00
Last Name					
Address 207 N. Goldenrod Road		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2 Suite 200					
City Orlando					
State FL	Zip 32807				
First Name About Magazines Gwinnett/Snellville		Date 2024-04-22	Occupation	Magazine Feature (April 2024)	\$397.50
Last Name					
Address 2245 Wisteria Drive Southwest		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2 Suit 230					
City Snellville					
State GA	Zip 30078				
First Name Great Harvest Bread Co.		Date 2024-05-04	Occupation	Scones w/Stone	\$98.36
Last Name					
Address 150 Athens Highway		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2 Re: DoorDash					
City Loganville					
State GA	Zip 30052				
First Name FormsSwift		Date 2024-05-04	Occupation	Legal Forms	\$1.95
Last Name					
Address 1800 Owens Street		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City San Francisco					
State CA	Zip 94158				

* 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 \$ 757.81**

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Publix		Date 2024-05-06	Occupation	Canvassing Snacks	\$105.44
Last Name					
Address 930 New Hope Road			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Re: Instacart					
City Lawrenceville					
State GA	Zip 30045				
First Name McDonalds		Date 2024-05-06	Occupation	Scones w/Stone	\$8.08
Last Name					
Address 3393 Sugarloaf Parkway			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Re: DoorDash					
City Lawrenceville					
State GA	Zip 30045				
First Name Good Party LLC		Date 2024-04-30	Occupation	Campaign Support	\$10.00
Last Name					
Address 916 Silver Spur Rd			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment		
Address2 Ste 310					
City Rolling Hills Estates					
State CA	Zip 90274				
First Name TradeWind Coffee Co.		Date 2024-04-29	Occupation	Scones w/Stone	\$10.00
Last Name					
Address 2300 Liam Ave			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 #200					
City Dacula					
State GA	Zip 30019				

* 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 \$ 133.52**

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name TradeWind Coffee Co.		Date 2024-04-23	Occupation	Board Room Rental (Re: Scones w/Stone)	\$7.50
Last Name					
Address 1100 Liam Ave			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 #200					
City Dacula					
State GA	Zip 30019				
First Name Custom One Express		Date 2024-04-18	Occupation	Campaign T-shirts	\$117.41
Last Name					
Address 3393 Peachtree Rd. Northeast			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Atlants					
State GA	Zip 30326				
First Name Classic Identity		Date 2024-04-18	Occupation	Name Badge	\$16.18
Last Name					
Address 1901 South St.			<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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 Elgin					
State IL	Zip 60123				
First Name Stripe		Date 2024-03-01	Occupation	Stripe Fee	\$6.10
Last Name					
Address 354 Oyster Point Blvd			<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="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 S. San Francisco					
State CA	Zip 94080				

* 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 \$ 147.19**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Stripe		Date 2024-03-08	Occupation	Stripe Fee	\$1.17
Last Name					
Address 354 Oyster Point Blvd.		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				
First Name Stripe		Date 2024-03-19	Occupation	Stripe Fee	\$1.75
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 04080				
First Name Stripe		Date 2024-03-19	Occupation	Stripe Fee	\$1.03
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				
First Name Stripe		Date 2024-03-21	Occupation	Stripe Fee	\$1.75
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				

* 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 \$ 5.70**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Stripe	Last Name	Date 2024-03-21	Occupation	Stripe Fee	\$0.59
Address 354 Oyster Point Blvd					
Address2	City South San Francisco	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State CA					
First Name Stripe	Last Name	Date 2024-03-21	Occupation	Stripe Fee	\$1.03
Address 354 Oyster Point Blvd					
Address2	City South San Francisco	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State CA					
First Name Stripe	Last Name	Date 2024-03-22	Occupation	Stripe Fee	\$14.80
Address 354 Oyster Point Blvd					
Address2	City South San Francisco	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State CA					
First Name Stripe	Last Name	Date 2024-03-22	Occupation	Stripe Fee	\$6.10
Address 354 Oyster Point Blvd					
Address2	City South San Francisco	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
State CA					

* 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 \$ 22.52**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Stripe		Date 2024-03-24	Occupation	Stripe Fee	\$7.55
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				
First Name Stripe		Date 2024-03-24	Occupation	Stripe Fee	\$14.83
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				
First Name Stripe		Date 2024-04-11	Occupation	Stripe Fee	\$3.20
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				
First Name Stripe		Date 2024-04-11	Occupation	Stripe Fee	\$1.78
Last Name					
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City South San Francisco					
State CA	Zip 94080				

* 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 \$ 27.36**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Stripe		Date 2024-04-21	Occupation	Stripe Fee	\$7.55
Last Name			Employer		
Address 354 Oyster Point Blvd		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment		Employer	
Address2					
City South San Francisco					
State CA	Zip 94080				
First Name Good Party		Date 2024-04-30	Occupation	Campaign Support	\$10.00
Last Name			Employer		
Address 916 Silver Spur Rd		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment		Employer	
Address2 Suite 310					
City Roll Hills Estates					
State CA	Zip 90274				
First Name		Date	Occupation		\$0.00
Last Name			Employer		
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment		Employer	
Address2					
City					
State	Zip				
First Name		Date	Occupation		\$0.00
Last Name			Employer		
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment		Employer	
Address2					
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 \$** \$17.55

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 \$ \$0.00
	Value at end of reporting period \$ \$0.00
	Difference in value \$ \$0.00
	Interest Paid Out \$ \$0.00
	Cash Dividends \$ \$0.00

Investment Transactions

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
		\$0.00	\$0.00	\$0.00	\$0.00

2. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$ \$0.00
	Value at end of reporting period \$ \$0.00
	Difference in value \$ \$0.00
	Interest Paid Out \$ \$0.00
	Cash Dividends \$ \$0.00

Investment Transactions

Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
		\$0.00	\$0.00	\$0.00	\$0.00

<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>0.00</u> Page Total Interest Paid Out: \$ <u>0.00</u> Page Total Profit: \$ <u>0.00</u> Page Total Loss: \$ <u>0.00</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.

Dear Local Ethics Filing Commission,

I am submitting my financials for my school board campaign with a commitment to transparency. I prioritize ethical compliance and adherence to all rules and policies. To the best of my knowledge, I believe my reporting is accurate.

As a first-time candidate running a solo campaign, I am diligently ensuring compliance with all requirements. I have made efforts to stay in touch with the Georgia State Ethics Commission but have faced challenges in receiving responses from the local ethics commission despite multiple attempts to contact them. Additionally, I have sought legal guidance from both elections and campaign finance attorneys, albeit without success. Additionally, although I hold a law degree, --specialized in Child, Family, and Education law-- it is important to note that my expertise does not specifically encompass campaign law.

Should the state or local ethics commission have any inquiries regarding my reports, please do not hesitate to reach out to me. Maintaining ethical standards is paramount in my campaign, and I am committed to upholding these principles.

Thank you for your attention to this matter.

Sincerely,

Rachel Stone
Gwinnett School Board District 1 Candidate (2024)
O: (770) 609-5457
C: (706) 716-1692
rachel.stone@rachelstonedistrict1.org