

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 type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>1</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Board of Education District 3</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID _____ <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; width: 100px; height: 30px; margin: 0 auto;"></div>
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3. Identifying and Contact Information

(1) STEVEN GASPER (2) 05/20/2024
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 950 CHIVENCESTER CT SUWANEE GA 30024
Mailing Address City State Zip Code

(4) (770) 405-9456 and/ or gasper@rtastrategy.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: MARK MACKAIN | JASON D BOLES
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

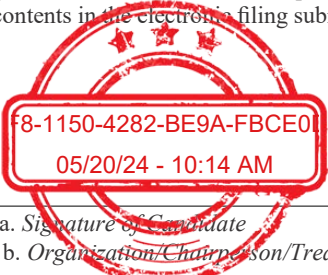
State of _____ County of _____

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	\$12,756.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$629.52	\$14,505.00
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	\$2,200.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$629.52	\$16,705.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$629.52	\$29,461.00

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	\$2,702.92
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$629.52	\$8,729.73
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	\$182.07
11	Total expenditures reported this period. (Line 9 + 10)	\$629.52	\$8,911.80
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$629.52	\$11,614.72

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)	\$0.00	\$17,846.28
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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*: <u>General</u> Election Year: <u>2024</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	\$2,500.00
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)	\$2,500.00
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 BLACKWATER CONSTRUCTION GROUP LLC Last Name Address 2180 SATELLITE BLVD Address2 STE 400 City DULUTH State GA Zip 30097 Aff. Comm.	Date 2024-01-31 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name or Business Name DAP CONSULTING LLC Last Name Address PO BOX 840 Address2 City SUWANEE State GA Zip 30024 Aff. Comm.	Date 2024-01-31 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1,000.00	Est. Value \$0.00 Description
First Name or Business Name FRONTRUNNER Last Name Address PO BOX 1 Address2 City ROSWELL State GA Zip 30077 Aff. Comm.	Date 2024-01-08 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$130.00	Est. Value \$0.00 Description

Itemized Contributions Page Total \$ 1,630.00 \$ 0.00

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First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
G.P.'S ENTERPRISES INC		2024-01-31				\$2,000.00
Last Name						
Address						
1500 HIGHWAY 124						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
AUBURN		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30011					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
JAY		2024-01-29	RETIRED			\$1,000.00
Last Name						
HOWELL						
Address						
4560 COLONY PT						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	RETIRED			
SUWANEE		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30024					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
MARK		2024-01-25	PRESIDENT AND COO			(\$1,000.00)
Last Name						
MACKAIN						
Address						
970 CHIVENCESTER CT						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	INTERNATIONAL ENVIRONMENTAL PRODUCTS			
SUWANEE		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30024					
Aff. Comm.						CHARGEBACK ON PREVIOUSLY REPORTED CONTRIBUTION
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
MARK		2024-01-31	PRESIDENT AND COO			\$1,000.00
Last Name						
MACKAIN						
Address						
970 CHIVENCESTER CT						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	INTERNATIONAL ENVIRONMENTAL PRODUCTS			
SUWANEE		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30024					
Aff. Comm.						
Itemized Contributions Page Total					\$ 3,000.00	\$ 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-CCDR 1/14

First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
OLD BREED PAC		2024-01-31				\$2,000.00
Last Name						
Address						
502 6TH STREET						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
HUDSON		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
WI	54016					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
SUSIE&HAL		2024-03-27	RETIRED			\$250.00
Last Name						
BAILEY						
Address						
1081 WINNBROOK DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	RETIRED			
DACULA		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30019					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
BUFORD HWY AUTO CENTER LLC		2024-03-18				\$500.00
Last Name						
Address						
PO BOX 816						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
DULUTH		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30096					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
MINI		2024-04-21	STAY AT HOME PARENT			\$250.00
Last Name						
CHATOTH						
Address						
828 BIG HORN HOLLOW						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	NONE			
SUWANEE		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30024					
Aff. Comm.						
Itemized Contributions Page Total					\$ 3,000.00	\$ 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-CCDR 1/14

First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
CLINT DIXON FOR SENATE INC		2024-04-30				\$2,000.00
Last Name						
Address						
PO BOX 802						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
BUFORD		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30515					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
RAY		2024-03-28	SELF-EMPLOYED			\$125.00
Last Name						
COBB						
Address						
PO BOX 922374						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	JBC			
NORCROSS		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30010					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
TROY LEWIS		2024-02-16	CONSULTING			\$150.00
Last Name						
CURTRIGHT						
Address						
5160 ALDEBURGH CT						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind	SELF			
SUWANEE		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30024					
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
FORGE MANAGEMENT CO LLC		2024-03-18				\$500.00
Last Name						
Address						
4075 BLUE RIDGE INDUSTRIAL PARKWAY						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
NORCROSS		<input type="checkbox"/> Common Source				
State	Zip	<input type="checkbox"/> Credit Received on Loan				
GA	30071					
Aff. Comm.						
Itemized Contributions Page Total					\$ 2,775.00	\$ 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input 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
CARMEN		2024-03-18	INDEPENDENT CONTRACTOR		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	\$300.00
Last Name GONZALEZ		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer RD&T MEDIA AND EVENTS	Description		
Address 905 CHIVENCESTER CT						
Address2						
City SUWANEE						
State GA	Zip 30024					
Aff. Comm.						
KENT		2024-04-22	SPEAKER AND CONSULTANT	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	\$400.00	\$0.00
Last Name JULIAN		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer LIVE IT FORWARD LLC		Description	
Address 3394 WILLOW GLEN TRAIL						
Address2						
City SUWANEE						
State GA	Zip 30024					
Aff. Comm.						
LOU SOBH HONDA		2024-04-30	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	\$500.00	\$0.00
Last Name		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer		Description	
Address 1105 BUFORD ROAD						
Address2						
City CUMMING						
State GA	Zip 30041					
Aff. Comm.						
JEREMIAH		2024-02-11	CHIEF MANUFACTURING OFFICER	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	\$0.00	\$629.52
Last Name LOWELL		<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer FORGE INC		Description IN KIND: EVENT CATERING	
Address 4075 BLUE RIDGE INDUSTRIAL PKWY						
Address2						
City NORCROSS						
State GA	Zip 30071					
Aff. Comm.						
Itemized Contributions Page Total					\$ 1,200.00	\$ 629.52

* 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-CCDR 1/14

First Name or Business Name MCDONALD & ASSOCIATES PC		Date 2024-03-18	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250.00	Est. Value \$0.00
Last Name		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer		Description	
Address 3120 GLASTONBURY LANE						
Address2						
City SUWANEE						
State GA	Zip 30024					
Aff. Comm.						
First Name or Business Name MCDONALD & ASSOCIATES PC		Date 2024-04-30	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500.00	Est. Value \$0.00
Last Name		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer		Description	
Address 3120 GLASTONBURY LANE						
Address2						
City SUWANEE						
State GA	Zip 30024					
Aff. Comm.						
First Name or Business Name CYNTHIA		Date 2024-04-16	Occupation RETIRED	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$300.00	Est. Value \$0.00
Last Name NAHIGIAN		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer RETIRED		Description	
Address 4970 KIVA CIR						
Address2						
City LAKEWOOD RANCH						
State FL	Zip 34211					
Aff. Comm.						
First Name or Business Name KENNETH		Date 2024-04-30	Occupation CPA	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250.00	Est. Value \$0.00
Last Name NEAL		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer GRANDVIEW PLANNING GROUP LLC		Description	
Address 1325 SATELLITE BLVD NW						
Address2 1407						
City SUWANEE						
State GA	Zip 30024					
Aff. Comm.						
Itemized Contributions Page Total \$					\$1,300.00	\$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-CCDR 1/14

First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
CINDIELLA		2024-03-03	REGISTERED NURSE			\$150.00
Last Name NIXON						
Address 5870 NORFOLK CHASE ROAD						
Address2		<input checked="" type="checkbox"/> Monetary	Employer EK HEALTH			Description
City PEACHTREE CORNERS		<input type="checkbox"/> In-Kind				
State GA	Zip 30092	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name NANCY		2024-03-03	RETIRED		\$150.00	\$0.00
Last Name NIXON						
Address 5870 NORFOLK CHASE ROAD						
Address2		<input checked="" type="checkbox"/> Monetary	Employer RETIRED			Description
City PEACHTREE CORNERS		<input type="checkbox"/> In-Kind				
State GA	Zip 30092	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name LAURA		2024-02-18	RETIRED		\$250.00	\$0.00
Last Name PRICE						
Address 4971 ROARING FORK PASS						
Address2		<input checked="" type="checkbox"/> Monetary	Employer RETIRED			Description
City SUWANEE		<input type="checkbox"/> In-Kind				
State GA	Zip 30024	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name BARON		2024-03-18	CAPTAIN		\$200.00	\$0.00
Last Name REINHOLD						
Address 5664 BRENDLYNN DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer GWINNETT COUNTY SHERIFF'S OFFICE			Description
City SUWANEE		<input type="checkbox"/> In-Kind				
State GA	Zip 30024	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 750.00	\$ 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-CCDR 1/14

First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
JENNIFER		2024-04-16	HOMEMAKER			\$250.00
Last Name ROBERTSON						
Address 5170 ALDEBURGH CT						
Address2		<input checked="" type="checkbox"/> Monetary	Employer HOMEMAKER			Description
City SUWANEE		<input type="checkbox"/> In-Kind				
State GA	Zip 30024	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
JENNIFER		2024-02-12	OPTOMETRIST		\$200.00	\$0.00
Last Name SLOTWINSKI						
Address 5524 BRENDLYNN DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer SLOTWINSKI EYECARE			Description
City SUWANEE		<input type="checkbox"/> In-Kind				
State GA	Zip 30024	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
MONIQUE		2024-04-16	SECRETARY		\$150.00	\$0.00
Last Name TRAYLOR						
Address 5714 BRENDLYNN DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer TRAYCO HOME BUILDERS INC			Description
City SUWANEE		<input type="checkbox"/> In-Kind				
State GA	Zip 30024	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
DAVID		2024-03-02	SALES		\$250.00	\$0.00
Last Name WILLYARD						
Address 2401 CORY AVE.						
Address2		<input checked="" type="checkbox"/> Monetary	Employer AUGMEDIX			Description
City SAN JOSE		<input type="checkbox"/> In-Kind				
State CA	Zip 95128	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 850.00	\$ 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

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. \$0.00	Last Name	2.
Address	3. <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	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2. \$0.00	Last Name	2.
Address	3. <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	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <u>0.00</u>	

* 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-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name DONATERIGHT SERVICES LLC		Date 2024-02-22	Occupation	MERCHANT PROCESSING FEE	\$8.75
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name DONATERIGHT SERVICES LLC		Date 2024-03-06	Occupation	MERCHANT PROCESSING FEE	\$22.75
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name DONATERIGHT SERVICES LLC		Date 2024-03-13	Occupation	MERCHANT PROCESSING FEE	\$3.50
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name DONATERIGHT SERVICES LLC		Date 2024-03-20	Occupation	MERCHANT PROCESSING FEE	\$3.50
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				

* 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 \$ 338.50**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name DONATERIGHT SERVICES LLC		Date 2024-03-27	Occupation	MERCHANT PROCESSING FEE	\$7.00
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name DONATERIGHT SERVICES LLC		Date 2024-03-29	Occupation	MERCHANT PROCESSING FEE	\$8.75
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name DONATERIGHT SERVICES LLC		Date 2024-04-01	Occupation	MERCHANT PROCESSING FEE	\$4.38
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name DONATERIGHT SERVICES LLC		Date 2024-04-18	Occupation	MERCHANT PROCESSING FEE	\$3.50
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				

* 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 \$ 23.63**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name DONATERIGHT SERVICES LLC		Date 2024-04-24	Occupation	MERCHANT PROCESSING FEE	\$22.75
Last Name					
Address 575 PHARR 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					
City ALTANTA					
State GA	Zip 30355				
First Name STEVEN		Date 2024-04-11	Occupation DIRECTOR - KEY ACCOUNTS SOUTHEAST	REIMBURSEMENT TO CANDIDATE	\$1,559.57
Last Name GASPER					
Address 950 CHIVENCESTER COURT		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer COHERUS BIOSCIENCES		
Address2					
City SUWANEE					
State GA	Zip 30024				
First Name INDEPENDENT ACTION ADVISORS LLC		Date 2024-02-02	Occupation	WEBSITE DESIGN	\$500.00
Last Name					
Address 115 EAST MAIN 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 SUITE 6D					
City BUFORD					
State GA	Zip 30518				
First Name INDEPENDENT ACTION ADVISORS LLC		Date 2024-02-02	Occupation	GENERAL CONSULTING	\$1,500.00
Last Name					
Address 115 EAST MAIN 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 SUITE 6D					
City BUFORD					
State GA	Zip 30518				

* 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 \$ 3,582.32**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name INDEPENDENT ACTION ADVISORS LLC		Date 2024-04-26	Occupation	PHOTOGRAPHY	\$1,000.00
Last Name			Employer		
Address 115 EAST MAIN STREET					
Address2 SUITE 6D					
City BUFORD		State GA Zip 30518			
First Name JEREMIAH		Date 2024-02-11	Occupation CHIEF MANUFACTURING OFFICER	IN KIND: USE OF EVENT CATERING	\$629.52
Last Name LOWELL			Employer FORGE INC		
Address 4075 BLUE RIDGE INDUSTRIAL PKWY					
Address2					
City NORCROSS		State GA Zip 30071			
First Name RTA STRATEGY		Date 2024-02-14	Occupation	COMPLIANCE CONSULTING TREASURY DISCLOSURE REPORTING	\$14.94
Last Name			Employer		
Address PO BOX 1483					
Address2					
City ROSWELL		State GA Zip 30077			
First Name RTA STRATEGY		Date 2024-03-01	Occupation	COMPLIANCE CONSULTING TREASURY DISCLOSURE REPORTING	\$900.00
Last Name			Employer		
Address PO BOX 1483					
Address2					
City ROSWELL		State GA Zip 30077			

* 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 \$ 2,544.46**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name RTA STRATEGY		Date 2024-04-01	Occupation	COMPLIANCE CONSULTING TREASURY DISCLOSURE REPORTING	\$900.00
Last Name			Employer		
Address PO BOX 1483		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 ROSWELL					
State GA	Zip 30077				
First Name THE GWINNETT COUNTY BOARD OF REGISTRATIONS AND ELE		Date 2024-02-26	Occupation	QUALIFYING FEE	\$670.34
Last Name			Employer		
Address 75 LANGLEY DRIVE		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 LAWRENCEVILLE					
State GA	Zip 30046				
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 \$ 1,570.34**

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.