

**Campaign Contribution Disclosure Report Ballot Measure**  
**Georgia Government Transparency and Campaign Finance Commission**  
 200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334  
 404-463-1980 | www.ethics.ga.gov

<b>1. Report Type</b> <small>(Select One)</small> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment  Amendment # _____	<b>2. Name of Proposed Constitutional Amendment, Statewide Referendum, or Ballot Question in any County or Municipal Election:</b> MARTA Referendum <hr/> Gwinnett County <small>(Include county or municipality in case of local ballot question)</small> <hr/> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand Delivered Date   <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**3. Identifying and Contact Information**

(1) Working Families Organization, Inc. (2) 3/15/2019  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) One MetroTech Center North 4th Fl Brooklyn NY 11201  
Mailing Address City State Zip Code

(4) 718-222-3796 ext 236 and/ or compliance@workingfamilies.org  
Primary Contact Phone Number E-Mail

(5) Dale Wiehoff | Mike Boland  
Name of Committee Chairperson Name of Committee Treasurer

**4. Period for which you are Reporting** Year of Election 2019

**You Must Check Only One Box**

<b>Constitutional Amendment or Statewide Referendum</b> <input type="checkbox"/> 75 days before Date of Election, _____ (year) <input type="checkbox"/> 45 days before Date of Election, _____ (year) <input type="checkbox"/> 15 days before Date of Election, _____ (year) <input type="checkbox"/> Prior to December 31, _____ (year)	<b>County or Municipal Ballot Question</b> <input checked="" type="checkbox"/> 15 days before Date of Election, _____ (year) <input type="checkbox"/> Prior to December 31, _____ (year)
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State of Georgia County of Gwinnett

I, Mike Boland, 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 3/15, 2019

Vicki Yuen 5/17/22 M Boland  
 Signature of Notary Public Commission Expiration a. Signature of Candidate  
**VICKI YUEN** b. Organization/Chairperson/Treasurer  
 Notary Public - State of New York  
 No. 01YU622090  
 Qualified in New York County

My Commission Expires May 17, 2022

with or who knowingly violates any of the provisions of the Act shall be guilty of a misdemeanor.)

## 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.		
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	13,000	
3a	All loans received this reporting period.		
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
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.		
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	13,000	
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	13,000	

### 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.		
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	13,000	
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.		
11	Total expenditures reported this period. (Line 9 + 10)	13,000	
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	13,000	

### INVESTMENTS

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

### TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	0	
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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.

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

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

## State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Working Families Organization, Inc.  Last Name  Address One MetroTech Center North, 11th Fl  Address2  City Brooklyn  State NY      Zip 11201  Aff. Comm.	Date 3/15/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 13,000	Est. Value
	<input checked="" type="checkbox"/> Monetary	Employer			
	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
				Description	
First Name / Business Name  Last Name  Address  Address2  City  State      Zip  Aff. Comm.	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
	<input type="checkbox"/> Monetary	Employer			
	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
				Description	
First Name / Business Name  Last Name  Address  Address2  City  State      Zip  Aff. Comm.	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
	<input type="checkbox"/> Monetary	Employer			
	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
				Description	

Itemized Contributions Page Total \$ \_\_\_\_\_ \$ 13,000

First Name / Business Name		Date	Occupation		Cash Amt.	Est. Value
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<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		Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name / Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<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		Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name / Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<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		Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name / Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<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		Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						
First Name / Business Name						
Last Name		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<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		Description
Address						
Address2						
City						
State	Zip					
Aff. Comm.						

Itemized Contributions Page Total \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)  
 \*\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)  
 \*\*\* If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit



**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Itemized Expenditures**

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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Red Horse Strategies		Date 3/13/2019	Occupation	Targeted Mailer on MARTA referendum	10,000
Last Name			Employer		
Address 55 Washington St					
Address2 Suite 702		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City Brooklyn					
State NY	Zip 11201				
First Name Kalin		Date 3/15/2019	Occupation	Organizing services	2,000
Last Name Allen			Employer		
Address 795 Harbor Point Court					
Address2		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City Lawrenceville					
State GA	Zip 30044				
First Name Bridgette		Date 3/15/2019	Occupation	Organizing Services	1,000
Last Name Simpson			Employer		
Address 4217 Viewpoint Trail					
Address2		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City Ellenwood					
State GA	Zip 30294				

Page Total \$ 13,000

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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date  <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date  <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date  <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name					
Address			Employer		
Address2					
City					
State	Zip				
First Name		Date  <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation		
Last Name					
Address			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 \$ \_\_\_\_\_



**State of Georgia  
Campaign Contribution Disclosure Report  
Investments Statement**

<b>1. Investment Name</b>	Account #
Institution/Person Holding Account _____ Mailing Address One MetroTech Center North 11th Fl _____ Address2 _____ _____ City State Zip	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

**Investment Transactions**

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

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

**Investment Transactions**

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

Total value of investments at beginning of reporting period \$

Total value of investments at end of reporting period \$

Total difference in value \$

Page Total Cash Dividends: \$ \_\_\_\_\_

Page Total Interest Paid Out: \$ \_\_\_\_\_

Page Total Profit: \$ \_\_\_\_\_

Page Total Loss: \$ \_\_\_\_\_

**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.

Empty space for the Addendum Statement.