

## 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

<p><b>1. Report Type</b> <small>(Select One)</small></p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p><b>2. Name of proposed Constitutional Amendment, Statewide Referendum, or Ballot Question in any County or Municipal Election:</b></p> <p>GO Gwinnett</p> <hr/> <p>Gwinnett County</p> <p style="text-align: center;"><small>(Include county or municipality in case of local ballot question)</small></p> <p>Filer ID: <u>NC2019000013</u></p> <p style="text-align: center;"><small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand Delivered Date</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**3. Identifying and Contact Information**

(1) GO Gwinnett (2) 01/03/2020  
*Full Name of Candidate or Other Than Candidate Campaign Committee* *Today's Date*

(3) 285 S Perry Street Lawrenceville GA 30046  
*Mailing Address* *City* *State* *Zip Code*

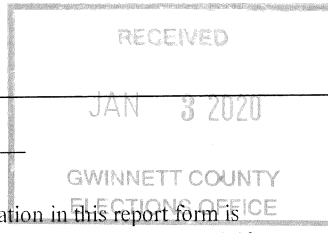
(4) 678-898-2735 and/or norwood.davis@gmail.com  
*Primary Contact Phone Number* *E-Mail*

(5) Marlon Allen & Greg Cantrell | Norwood Davis  
*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**

<p><b>Constitutional Amendment or Statewide Referendum</b></p> <p><input type="checkbox"/> 75 days before Date of Election, _____ (year)</p> <p><input type="checkbox"/> 45 days before Date of Election, _____ (year)</p> <p><input type="checkbox"/> 15 days before Date of Election, _____ (year)</p> <p><input type="checkbox"/> Prior to December 31, _____ (year)</p>	<p><b>County or Municipal Ballot Question</b></p> <p><input type="checkbox"/> 15 days before Date of Election, _____ (year)</p> <p><input checked="" type="checkbox"/> Prior to December 31, <u>2019</u> (year)</p>
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State of Georgia County of Gwinnett

I, C. Norwood Davis, 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 January 3, 2020

*M Campbell*  
Signature of Notary Public

**M CAMPBELL**  
NOTARY PUBLIC  
GWINNETT COUNTY  
STATE OF GEORGIA  
My Commission Expires January 28, 2021

*[Signature]*  
a. Signature of Candidate  
b. Organization/Chairperson/Treasurer

(Any person who knowingly fails to comply 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.	3359	463029
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0	201500
3a	All loans received this reporting period.	0	0
3b	Interest earned on campaign account this reporting period.	0	0
3c	Total amount of investments sold this reporting period.	0	0
3d	Total amount of cash dividends and interest paid out this reporting period.	0	0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	0	0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0	231900
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	3359	694929

**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	308086
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0	373178
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	982
11	Total expenditures reported this period. (Line 9 + 10)	0	
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0	

**INVESTMENTS**

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

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	3359	12683
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\* O.C.G.A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

**State of Georgia  
Campaign Contribution Disclosure Report  
Outstanding Indebtness**

Election Cycle*: _____ 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 Mahaffey Pickens Tucker LLP  Last Name  Address 1550 N. Brown St.  Address2 Suite 125 City Lawrenceville State GA      Zip 30043 Aff. Comm.	Date  03/11/2019	Occupation Attorney  Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value   Description	
First Name / Business Name Roy  Last Name McCleskey  Address 1996 Skybrooke Ln  Address2  City Hoschton State GA      Zip 30546 Aff. Comm.	Date  03/11/2019	Occupation Administration  Employer Gwinnett County Public Schools		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250	Est. Value   Description
First Name / Business Name Renasant Bank  Last Name  Address PO Box 709  Address2  City Tupelo State MS      Zip 38802 Aff. Comm.	Date  03/11/2019	Occupation Bank  Employer			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000

Itemized Contributions Page Total \$ 10250 \$



First Name / Business Name Brasfield & Gorie		Date 03/11/2019	Occupation Construction	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value	
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 3021 7th Avenue South							
Address2							
City Birmingham							
State AL	Zip 35233						
Aff. Comm.							
First Name / Business Name AECOM Technology Corporation		Date 03/11/2019	Occupation Construction & Engineering	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 65000	Est. Value	
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 9400 Ambergien Blvd, Bldg C							
Address2							
City Austin							
State TX	Zip 78729						
Aff. Comm.							
First Name / Business Name Powell & Edwards		Date 3/11/19	Occupation Attorney	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value	
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 PO Box 1390							
Address2							
City Lawrenceville							
State GA	Zip 30046						
Aff. Comm.							
First Name / Business Name James		Date 3/12/19	Occupation Mayor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250	Est. Value	
Last Name Burnette		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer City of Suwanee				Description
Address 571 Main St							
Address2							
City Suwanee							
State GA	Zip 30024						
Aff. Comm.							
Itemized Contributions Page Total \$ 70750						\$	

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

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

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

First Name / Business Name Corporate Environmental Risk Management		Date 03/12/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value
Last Name						
Address 1990 Lakeside Pkwy						
Address2 Suite 300		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Tucker		<input type="checkbox"/> In-Kind				
State GA	Zip 30084	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Vanasse Hangen Brustlin Inc.		Date 03/12/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2000	Est. Value
Last Name						
Address 101 Walnut Street						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Watertown		<input type="checkbox"/> In-Kind				
State MA	Zip 02471	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Pond & Co.		Date 3/12/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2500	Est. Value
Last Name						
Address 3500 Parkway Ln						
Address2 Suite 600		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Norcross		<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 / Business Name Northeast Atlanta Metro Assoc of Realtors		Date 3/12/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 15000	Est. Value
Last Name						
Address 2145 Duluth Hwy						
Address2 Suite B		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Duluth		<input type="checkbox"/> In-Kind				
State GA	Zip 30097	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 20000						\$ _____

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

First Name / Business Name Robert Jackson Wilson PC		Date 03/14/2019	Occupation Attorney	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value
Last Name						
Address 10 Lumpkin St.						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Self			Description
City Lawrenceville		<input type="checkbox"/> In-Kind				
State GA	Zip 30046	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name GP's Enterprises, Inc.		Date 03/14/2019	Occupation Heavy Civil Construction	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2500	Est. Value
Last Name						
Address 1500 Highway 124						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Auburn		<input type="checkbox"/> In-Kind				
State GA	Zip 30011	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name H.J. Russell & Company		Date 3/14/19	Occupation Construction	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 3000	Est. Value
Last Name						
Address 171 17th Street						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30336	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Rohadfox Construction Control Services		Date 3/14/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value
Last Name						
Address 171 17th St. NW						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30363	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 6500 \$ _____						

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

First Name / Business Name Arthur		Date 03/15/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 10000	Est. Value
Last Name Blank						
Address 3223 Howell Mill Rd 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 / Business Name Vulcan Materials Company		Date 03/18/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value
Last Name						
Address PO Box 380607						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Birmingham		<input type="checkbox"/> In-Kind				
State AL	Zip 35238-0607	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Coyote Logistics, LLC		Date 3/18/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value
Last Name						
Address 960 North Point Parkway						
Address2 Suite 150		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Alpharetta		<input type="checkbox"/> In-Kind				
State GA	Zip 30005	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Partners Risk Services, LLC		Date 3/21/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value
Last Name						
Address 10692 Medlock Bridge Road						
Address2 Suite 200		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Johns Creek		<input type="checkbox"/> In-Kind				
State GA	Zip 30097	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 20500 \$						

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

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

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

First Name / Business Name Cousins Properties, LP		Date 03/26/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value
Last Name						
Address 3344 Peachtree Road NE						
Address2 Suite1800		<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 / Business Name Troutman Sanders LLP Georgia PAC, Inc		Date 04/10/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2500	Est. Value
Last Name						
Address 600 Peachtree St.						
Address2 Suite 3000		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30308	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name United Community Bank		Date 4/10/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 1000	Est. Value
Last Name						
Address PO Box 398						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Blairsville		<input type="checkbox"/> In-Kind				
State GA	Zip 30514	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name WestRock		Date 4/10/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 10000	Est. Value
Last Name						
Address PO Box 4098						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Norcross		<input type="checkbox"/> In-Kind				
State GA	Zip 30091	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 18500 \$						

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

First Name / Business Name Kathy		Date 04/12/2019	Occupation Administration	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value	
Last Name Pollman					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Run-Off Special Primary	Description
Address 1500 Riveredge Pkwy NW		Employer Graphic Package					
Address2							
City Marietta							
State GA	Zip 30064						
Aff. Comm.							
First Name / Business Name Yancey Bros Co.		Date 04/12/2019	Occupation Heavy Equipment	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2500	Est. Value	
Last Name					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Run-Off Special Primary	Description
Address 330 Lee Industrial Blvd		Employer					
Address2							
City Austell							
State GA	Zip 30168						
Aff. Comm.							
First Name / Business Name Eastside Medical Center		Date 4/12/19	Occupation Healthcare	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 1000	Est. Value	
Last Name					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Run-Off Special Primary	Description
Address 1700 Medical Way		Employer Eastside Medical Center					
Address2							
City Snellville							
State GA	Zip 30078						
Aff. Comm.							
First Name / Business Name Metromont		Date 3/6/19	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 5000	Est. Value	
Last Name					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Run-Off Special Primary	Description
Address 2802 White Horse Road		Employer					
Address2							
City Greenville							
State SC	Zip 29611						
Aff. Comm.							
Itemized Contributions Page Total \$ 13500					\$		

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

First Name / Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value	
Friends of David Still	03/19/2019		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	200		
Last Name						
Address						
PO Box 686						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
State GA	Zip 30046					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
Concord Hospitality	03/19/2019		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	15000		
Last Name						
Address						
11410 Common Oaks Drive						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
State NC	Zip 27614					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			
Last Name						
Address						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
State	Zip					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			
Last Name						
Address						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
State	Zip					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
Itemized Contributions Page Total				\$ 15200	\$ _____	

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

First Name / Business Name Kaiser Permanente		Date 04/24/2019	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 10000	Est. Value
Last Name						
Address 7511 Fair Oaks Avenue						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Pasadena		<input type="checkbox"/> In-Kind				
State CA	Zip 91103	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name D A		Date 03/09/2019	Occupation CPA	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name Najjar						
Address 2772 Bearcreek Place						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Smith & Howard			Description
City Buford		<input type="checkbox"/> In-Kind				
State GA	Zip 30519	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name Kevin		Date 3/9/19	Occupation Attorney	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name Walsh						
Address 2450 Bangor Court, SW						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Self			Description
City Snellville		<input type="checkbox"/> In-Kind				
State GA	Zip 30078	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name / Business Name David		Date 4/12/19	Occupation Healthcare	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name Cohen						
Address 4050 Chippewa Place Northeast						
Address2		<input checked="" type="checkbox"/> Monetary	Employer SSP			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30319	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 10300 \$

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



First Name / Business Name	Date	Occupation		Cash Amt.	Est. Value	
Atlanta Realtors Political Action Committe	03/07/2019		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	5000		
Last Name						
Address						
5784 Lake Forest Dr #150						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
Atlanta	<input type="checkbox"/> Common Source					
State	<input type="checkbox"/> Credit Received on Loan					
GA						
Zip						
30328						
Aff. Comm.						
Carothers & Mitchell, LLC	03/07/2019		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000		
Last Name						
Address						
1809 Buford Hwy NE						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
Buford	<input type="checkbox"/> Common Source					
State	<input type="checkbox"/> Credit Received on Loan					
GA						
Zip						
30518						
Aff. Comm.						
GreenbergTaurig			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	7500		
Last Name						
Address						
3333 Piedmont Rd NE #2500						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
Atlanta	<input type="checkbox"/> Common Source					
State	<input type="checkbox"/> Credit Received on Loan					
GA						
Zip						
30305						
Aff. Comm.						
SunTrust Main Street Bankers PAC	3/12/19		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	2500		
Last Name						
Address						
919 E Main St						
Address2	<input checked="" type="checkbox"/> Monetary	Employer				Description
City	<input type="checkbox"/> In-Kind					
Richmond	<input type="checkbox"/> Common Source					
State	<input type="checkbox"/> Credit Received on Loan					
VA						
Zip						
23219						
Aff. Comm.						
Itemized Contributions Page Total \$ 16000					\$	

\* 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.) NONE	1.	First Name	1.
Lender Last Name	2.	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.) NONE		1.	
Lender Last Name	2.	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 \$ _____

\* 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 <b>ABC Signs</b>	Date 02/20/2019	Occupation  	Sign Printing	3395
Last Name  				
Address 5851 LaRue Steiner 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  				
City Theodore				
State <u>AL</u> Zip <u>36582</u>				
First Name <b>Alieu</b>	Date 03/22/2019	Occupation Self-Employed	Field Work	500
Last Name Njie				
Address 5383 Wylstream Way	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Norcross				
State <u>GA</u> Zip <u>30093</u>				
First Name <b>Anil</b>	Date 03/22/2019	Occupation Self-Employed	Field Work	916
Last Name Lilani				
Address 500 Meadowmeade Lane	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 <u>GA</u> Zip <u>30043</u>				

Page Total \$ 4811

\* 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 <b>Anthony</b> Last Name <b>Benton</b> Address 3035 Milford Chase Overlook Address2 City Marietta State <b>GA</b> Zip <b>30008</b>	Date 03/16/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Print Material Design	568
First Name <b>Austin</b> Last Name <b>Gates</b> Address 100 6th Street NE Apt 2103 Address2 City Atlanta State <b>GA</b> Zip <b>30308</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Organizer	500
First Name <b>Benton Creative</b> Last Name Address 10804 Rowan Rd S Address2 City Seattle State <b>WA</b> Zip <b>98178</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Print Material Design	325
First Name <b>Brooke</b> Last Name <b>Siskin</b> Address 3165 Corner Oak Dr Address2 City Peachtree Corners State <b>GA</b> Zip <b>30071</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1648

\* 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 \$ 3041

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Cameron	Date 03/22/2019	Occupation	Field Work	512
Last Name Barnes				
Address 4075 Jackson Shoals Ct.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Lilburn				
State GA	Zip 30047			
First Name Campaign Consulting Group	Date 04/29/2019	Occupation	Fundraising Strategy	29990
Last Name				
Address PO Box 250336	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Atlanta				
State GA	Zip 30325			
First Name Chadderdon Lestingi	Date 03/22/2019	Occupation	Printing & Mailing	79080
Last Name				
Address 901 N Washington 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	Employer		
Address2 #320				
City Alexandria				
State VA	Zip 22314			
First Name Clash Graphics	Date 03/22/2019	Occupation	Printing	1504
Last Name				
Address 2140 Peachtree 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 301				
City Atlanta				
State GA	Zip 30309			

\* 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 \$ 111086

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Debra		Date 03/22/2019	Occupation	Field Work	860
Last Name Mazer					
Address 5691 Whitehall Walk			Employer		
Address2					
City Atlanta					
State GA	Zip 30338				
First Name Deluxe Business Systems		Date 03/25/2019	Occupation	Printing	533
Last Name					
Address PO Box 64468			Employer		
Address2					
City St Paul					
State MN	Zip 55164				
First Name Demarcus Jones		Date 03/22/2019	Occupation	Field Work	584
Last Name					
Address 1003 Tree House Pkwy			Employer		
Address2					
City Norcross					
State GA	Zip 30093				
First Name Doorstep Flyers		Date 03/09/2019	Occupation	Flyer Distribution	6000
Last Name					
Address 2483 Heritage Village			Employer		
Address2 Building 16, Suite 206					
City Snellville					
State GA	Zip 30078				

\* 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 \$ 7977

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Eli Last Name Sabur Address 2126 Barberry Dr. Address2 City Buford State GA Zip 30519	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	508
First Name Ernst Legal Group Last Name Address 1954 Airport Rd Address2 Suite 112 City Chamblee State GA Zip 30341	Date 04/26/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Printing & Mailing	529
First Name Eve Last Name Thomas Address 2615 Lochmeade Way Address2 City Lawrenceville State GA Zip 30043	Date 03/10/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	304
First Name Francisco Last Name Morera Address 5728 Brooklyn Ln Address2 City Norcross State GA Zip 30093	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1188

\* 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 \$ 2529

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <b>FUSE</b> Last Name Address 802 N. 1st St Address2 City St. Louis State MO Zip 63102	Date 03/15/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Radio Advertising	34700
First Name <b>Gabriel</b> Last Name <b>Jasso</b> Address 5515 Wylake Dr. Address2 City Norcross State GA Zip 30093	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	500
First Name <b>Gwinnett Chamber of Commerce</b> Last Name Address 6500 Sugarloaf Parkway Address2 City Duluth State GA Zip 30096	Date 03/15/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Room Rental	544
First Name <b>Gwinnett County Parks</b> Last Name Address 75 Langley Dr Address2 City Lawrenceville State GA Zip 30046	Date 03/05/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Facility Rental	1342

\* 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 \$ 37086



List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Hancock	Date 03/22/2019	Occupation	Field Work	344
Last Name Berhane				
Address 287 Jennifer Lane	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Lilburn				
State GA	Zip 30047			
First Name Heather	Date 03/15/2019	Occupation	Field Direction	2500
Last Name Hayes				
Address 277 Lakeshore Dr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Duluth				
State GA	Zip 30097			
First Name Hieu	Date 03/22/2019	Occupation	Field Work	720
Last Name Le				
Address 950 Omaha Dr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Norcross				
State GA	Zip 30093			
First Name Intuit, Inc.	Date 12/31/2019	Occupation	Accounting Software	640
Last Name				
Address 2700 Coast 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	Employer		
Address2				
City Mountain View				
State CA	Zip 94043			

\* 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 \$ 4204

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name JS Hosoo, LLC Last Name Address PO Box 2634 Address2 City Duluth State GA Zip 30096	Date 05/08/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Print Advertisement	2430
First Name Jace Last Name Patterson Address 349 Charmers Way Address2 City Lilburn State GA Zip 30047	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1128
First Name Jantzen Last Name McDonald Address 200 Harkness Road Address2 City Jackson State GA Zip 30233	Date 03/08/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	232
First Name Jeremiah Last Name Lee Address 5684 Stonewood Ct. Apt. B Address2 City Norcross State GA Zip 30093	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	204

\* 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 \$ 3994

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Joelluis Last Name Rodriguez Address 4350 Jimmy Carter Blvd Address2 Apt 1707 City Norcross State GA Zip 30093	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	632
First Name John Last Name Stoddard Address 913 Ashford Park Walk Address2  City Dunwoody State GA Zip 30338	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1748
First Name Kevin Last Name Cao Address 3615 Bob Hannah Dr. Address2  City Lawrenceville State GA Zip 30044	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	969
First Name Khala Last Name Doby Address 12057 Olmstead Dr. Address2  City Fayetteville State GA Zip 30215	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	660

\* 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 \$ 4009

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <b>Kiddada</b> Last Name <b>Grey</b> Address 3138 Mission Ridge Ln Address2 City <b>Atlanta</b> State <b>GA</b> Zip <b>30339</b>	Date 03/15/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	162
First Name <b>Lexicon Strategies, LLC</b> Last Name Address 1447 Peachtree Street Address2 Suite 1050 City <b>Atlanta</b> State <b>GA</b> Zip <b>30339</b>	Date 03/13/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Digital Advertising	53500
First Name <b>Liz</b> Last Name <b>Ernst</b> Address 1954 Airport Rd Address2 Suite 112 City <b>Atlanta</b> State <b>GA</b> Zip <b>30341</b>	Date 05/08/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	10981
First Name <b>Manuel</b> Last Name <b>Campos</b> Address 5341 Lantern Place Address2 City <b>Norcross</b> State <b>GA</b> Zip <b>30093</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	500

\* 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 \$ 65143

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Megan	Date 03/22/2019	Occupation	Field Work	484
Last Name Frost				
Address 1963 Cross Waters Dr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Dacula				
State GA		Zip 30019		
First Name Melanie	Date 03/22/2019	Occupation	Field Work	456
Last Name Morgan				
Address 2215 Millwood Ct	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Duluth				
State GA		Zip 30096		
First Name Nadyar	Date 03/22/2019	Occupation	Field Work	308
Last Name Haji				
Address 855 Jackson Bank Place	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Lilburn				
State GA		Zip 30047		
First Name Nassi	Date 03/22/2019	Occupation	Field Work	1660
Last Name Ibikounle				
Address 6944 Wandering Way	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Norcross				
State GA		Zip 30093		

\* 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 \$ 2908

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <b>Nassir</b> Last Name <b>Lassissi</b> Address 6944 Wandering Way Address2 City Norcross State <b>GA</b> Zip <b>30093</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1684
First Name <b>Natalie</b> Last Name <b>Black</b> Address 1082 Treymont Lane Address2 City Lawrenceville State <b>GA</b> Zip <b>30045</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Social Media Strategy	3450
First Name <b>Navid</b> Last Name <b>Syed</b> Address 3815 Jackson Shoals Ct. Address2 City Lawrenceville State <b>GA</b> Zip <b>30044</b>	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	760
First Name <b>Paramount Consulting Group, LLC</b> Last Name Address 1180 W Peachtree St NW, Suite 1650 Address2 City Atlanta State <b>GA</b> Zip <b>30309</b>	Date 04/29/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	20000

\* 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 \$ 25894

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Pascual	Date 03/15/2019	Occupation	Field Work	448
Last Name Sarcabia				
Address 5587 Charmille Bend	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Norcross				
State GA Zip 30071				
First Name Pierce Productions	Date 03/15/2019	Occupation	Printing	729
Last Name				
Address 1486 Chadwick Ridge Ct.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 30043				
First Name Rashad	Date 03/22/2019	Occupation	Field Work	504
Last Name Packer				
Address 1605 Summit Creek Dr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Stone Mountain				
State GA Zip 30083				
First Name Rikki	Date 03/22/2019	Occupation	Field Work	372
Last Name Thomas				
Address 4117 Plantation Trace Dr.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> 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 Duluth				
State GA Zip 30097				

\* 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 \$ 2053

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid	
First Name Roberto	Date 03/08/2019	Occupation	Field Work	304	
Last Name Guterez					
Address PO Box 250014		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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					Employer
City Atlanta					
State GA Zip 30325					
First Name Robinson Republic	Date 03/15/2019	Occupation	Communications Consulting	5000	
Last Name					
Address 2817 N Thompson Rd NE		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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					Employer
City Brookhaven					
State GA Zip 30319					
First Name Ronny	Date 03/22/2019	Occupation	Field Work	1080	
Last Name Ngyn					
Address 6508 Alder Ln		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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					Employer
City Norcross					
State GA Zip 30093					
First Name Saadia	Date 03/22/2019	Occupation	Field Work	112	
Last Name Kahn					
Address 240 Sasnett Dr		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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					Employer
City Lawrenceville					
State GA Zip 30046					

\* 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 \$ 6496



List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Southern Majority, LLC Last Name Address 544 Mulberry St. Address2 Suite 903 City Macon State GA Zip 31201	Date 03/15/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Telecommunications	80350
First Name STRIPE Last Name Address 510 Townsend St. Address2 City San Francisco State CA Zip 94103	Date 03/18/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Merchant Processing Fees	640
First Name Tammy Last Name Lu Address 1017 Bob Hannah Circle Address2 City Lawrenceville State GA Zip 30044	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1048
First Name Teddy Last Name Teshome Address 4516 Cedar Wood Dr. Address2 City Lilburn State GA Zip 30047	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1628

\* 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 \$ 83666

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Thien Last Name Phan Address 34 Vaughn Lane Address2 City Sugar Hill State GA Zip 30518	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	1140
First Name Trang Last Name Vo Address 5712 Grove Farm Ct. Address2 City Lilburn State GA Zip 30047	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	596
First Name Universoul Circus Last Name Address 230 Peachtree St, NE Address2 City Atlanta State GA Zip 30303	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Event Sponsorship	2000
First Name Victoria Last Name Truong Address 594 Deerwood Dr. Address2 City Suwanee State GA Zip 30024	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	720

\* 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 \$ 4456

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Wykman Last Name Moore Address 1855 Hudson Crossing Address2 Apt 2 City Tucker State GA Zip 30084	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	2525
First Name Zain Last Name Lilani Address 500 Meadowmeade Ln Address2  City Lawrenceville State GA Zip 30043	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	340
First Name Taylor Last Name Svete Address 847 Farley Mill SE Address2  City Marietta State GA Zip 30067	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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	Field Work	960
First Name  Last Name  Address  Address2  City  State Zip	Date 03/22/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="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		

\* 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**

1. Investment Name NONE	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

2. Investment Name NONE	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:                     \$ _____
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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.

NONE.

