

CFC-CCDR



02/20

Campaign Contribution Disclosure Report
Georgia Government Transparency and Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>DISTRICT 3 COMMISSIONER</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>COMMITTEE TO ELECT STEPHANIE R. LINDSEY, INC.</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

(1) STEPHANIE R. LINDSEY (2) MAY 6, 2024
Full Name of Candidate or Other Than Candidate Campaign Committee Name *Today's Date*

(3) 1182B WASHINGTON STREET COVINGTON GA 30014
Mailing Address *City* *State* *Zip Code*

(4) 404-373-3989 and/ or srlindsey@thelindseyfirm.com
Primary Contact Phone Number *E-Mail*

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

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

(7) If yes, complete the following: Stephanie R. Lindsey | Stephanie R. Lindsey
Name of Committee Chairperson *Name of Committee Treasurer*

RECEIVED
 NEWTON COUNTY
 CAMPAIGN FINANCE COMMISSION
 MAY 11 7 PM '24

4. Period for which you are Reporting

You Must Check Only One Box

My Non-Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input checked="" type="checkbox"/> April 30, <u>2024</u> (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34*</small>		

State of GEORGIA County of NEWTON

I, L. Nicole Waddleton, 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 MAY 6, 2024

L. Nicole Waddleton Signature of Notary Public

7/7/26 Commission Expiration

[Signature] Signature of Candidate
 Organization/Chairperson/Treasurer

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State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1		<input type="checkbox"/> I have no contributions to report.		
2		<input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:		
			In-Kind Estimated Value	Cash Amount
		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.		10,000.00
3		Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		11,900.00
3a		All loans received this reporting period.		3,000.00
3b		Interest earned on campaign account this reporting period.		0
3c		Total amount of investments sold this reporting period.		0
3d		Total amount of cash dividends and interest paid out this reporting period.		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.		11,250.00
5		Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		16,025.00
6		Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		26,025.00
EXPENDITURES MADE				
7		<input type="checkbox"/> I have no expenditures to report.		
8		<input checked="" type="checkbox"/> I have the following expenditures to report:		
		Total expenditures made and reported prior to this reporting period. If this is the first report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		180.00
9		Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		17,954.69
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.		223.75
11		Total expenditures reported this period. (Line 9 + 10)		18,178.44
12		Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		18,358.44
INVESTMENTS				
13		Total value of investments held at the beginning of this reporting period.		0.00
14		Total value of investments held at the end of this reporting period.		0.00
TOTAL NET BALANCE ON HAND				
15		Net balance on hand. (Line 6 - 12 + 14)		7,666.56

* 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.

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

Election Cycle*: <u>APRIL 30</u> Election Year: <u>2024</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	10,000.00
2	Loans received this reporting period.	3,000.00
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	13,000.00

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

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State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

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

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Dwight L. Thomas, PC Last Name Address 1745 MLK Jr. Dr NW Address2 City Atlanta State GA Zip 30314 Aff. Comm.	Date 2/26/2024 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer Dwight L. Thomas, P.C.	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value Description
First Name or Business Name John Strauss, P.C. Last Name Address 142 S. Park Square Address2 City Marietta State GA Zip 30060 Aff. Comm.	Date 3/11/2024 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer John Strauss, P.C.	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value Description
First Name or Business Name Frankly Speaking SLP Service Last Name Address P.O. Box 1915 Address2 City Covington State GA Zip 30015 Aff. Comm.	Date 3/19/2024 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 350	Est. Value Description

Itemized Contributions Page Total \$ 1050 \$ 0

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Dobbs Environmental LLC	3/19/2024		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500	
Last Name					
Address					
P.O. Box 3020					
Address2	<input type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind				
Covington	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
GA					
Zip					
30015					
Aff. Comm.					
Joseph McGorrey	3/19/2024		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500	
Last Name					
Address					
910 Davis Bend					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind				
Alpharetta	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
GA					
Zip					
30014					
Aff. Comm.					
The Lindsey Firm, P.C.	3/11/2024	LAW FIRM	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	3300	
Last Name					
Address					
1182b Washington Street					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind				
Covington	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
GA					
Zip					
30014					
Aff. Comm.					
CSL Realty Group	3/23/2024		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		\$600 Banquet Hall Rental Fee Payment
Last Name					
Address					
1182b Washington St					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input checked="" type="checkbox"/> In-Kind				
Covington	<input type="checkbox"/> Common Source				
State	<input type="checkbox"/> Credit Received on Loan				
GA					
Zip					
30014					
Aff. Comm.					
Itemized Contributions Page Total - \$				4300	\$ 600

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

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

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

CFC-CCDR 10/19

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	Occupation & Employer			Estimated Value
	Contribution Type*	Employer			Description
First Name or Business Name Sonya Last Name Hunte Address 70 Greenfield Drive Address2 City Covington State GA Zip 30016 Aff. Comm.	Date 3/26/2024 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation School System Staff Employer Atlanta Public Schools	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special Primary	150	Est. Value Description
First Name or Business Name Charles Last Name Berry Address 185 McCord St Address2 City Covington State GA Zip 30014 Aff. Comm.	Date 4/4/2024 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Manager Employer Berry Tree Farms	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special Primary	250	Est. Value Description
First Name or Business Name Nancy Last Name Schulz Address 5113 Swann St Address2 City Covington State GA Zip 30014 Aff. Comm.	Date 4/5/2024 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Nurse Employer	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special Primary	500	Est. Value Description

Itemized Contributions Page Total \$ **900** \$ **0**

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First Name or Business Name		Date	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Elisha		4/15/2024				500
Last Name Lancaster-Jarrett						
Address 3241 Bonds Lake Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Conyers		<input type="checkbox"/> In-Kind				
State GA	Zip 30014	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Joseph		4/16/2024			200	
Last Name Chapple						
Address 13004 Providence Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Alpharetta		<input type="checkbox"/> In-Kind				
State GA	Zip 30039	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Alonzo		4/18/2024			150	
Last Name Hill						
Address P.O.. Box 81371						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Conyers		<input type="checkbox"/> In-Kind				
State GA	Zip 30013	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Reid Law Group		4/22/2024	Law Firm		1000	
Last Name						
Address 2008 Eastview Pkwy						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Conyers		<input type="checkbox"/> In-Kind				
State GA	Zip 30012	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 1850 \$ 0

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

CFC-CCDR 10/19

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	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name MG Law Last Name Address 917 Center St. Address2 City Conyers State GA Zip 30012 Aff. Comm.	Date 4/25/2024	Occupation Law Firm	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Primary	Cash Amt. 500	Est. Value Description
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description			
First Name or 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"/> Primary	Cash Amt.
<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description			
First Name or 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"/> Primary		Cash Amt.
<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description			

Itemized Contributions Page Total \$ **500** \$ **0**

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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.) Stephanie	1. 3-11-24	First Name Stephanie	1. Attorney
Lender Last Name Lindsey	2. \$3,000	Last Name Lindsey	2. The Lindsey Firm, P.C.
Address	3. <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Address 1182b Washington St.	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2	<input checked="" type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special	City Covington	<input type="checkbox"/> Other Than Candidate Committee Name
State	<input type="checkbox"/> Run-Off Special Primary	State GA	
Zip		Zip 30014	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special	City	<input type="checkbox"/> Other Than Candidate Committee Name
State	<input type="checkbox"/> Run-Off Special Primary	State	
Zip		Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <u>3,000</u>	

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

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

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

CFC-CCDR 10/19

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Ea VENTURES	Date 2/12/2024	Occupation Website Designer	Creation of Website	1500.00
Last Name				
Address 675 Ponce de Leon Ave	<input checked="" type="checkbox"/> Expenditure In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Atlanta				
State GA	Zip 30308			
First Name SuperCheapSigns.com	Date 2/13/2024	Occupation Political Marketer	Purchase of Yard Signs	4489.36
Last Name				
Address 9200 Waterford Centre Blvd	<input checked="" type="checkbox"/> Expenditure In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City 				
State TX	Zip 78758			
First Name RushOrderTees.com	Date 3/1/2024	Occupation T-shirt supplier		707.31
Last Name				
Address 2727 Commerce Way	<input checked="" type="checkbox"/> Expenditure In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Philadelphia				
State PA	Zip 19154			

Page Total \$ 6,696.66

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

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Clash Graphics		Date 3/1/2024, 4/11/2024	Occupation Print Political Marketing	Print or candidate information cards	595.56
Last Name					
Address 2233 Peachtree Road 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	Employer		
Address2 Suite 202					
City Atlanta					
State GA	Zip 30309				
First Name Meta					
Last Name		Date 3/27/2024-current	Occupation Social Media Marketer	Social Media Marketing	1538.00
Address 1 Hacker Way					
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 Menlo Park					
State CA	Zip 94025				
First Name Postcardmania.com					
Last Name					
Address 2145 Sunnydale Blvd		Date 3/21/2024, 4/03/2024 4/12/2024	Occupation Marketing Company	Political Mailer	5545.16
Address2					
City Clearwater		<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		
State FL	Zip 33765				
First Name Newton Democratic Party					
Last Name					
Address 					
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	Qualifying Fee	750.00
City Covington					
State GA	Zip 30016				

* 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 \$ 8,428.72

CFC-CCDR 10/19

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Flyersatl.com Last Name	Date 3/25/2024	Occupation Marketing Company Employer	Banner of Map	163.24
Address 555 Whitehall St. SW Address2 Unit E City Atlanta State GA	<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			
Zip 30303				
First Name Clash Graphics Last Name	Date 4/3/2024	Occupation Print Political Marketing Employer	Print of candidate information cards	544.49
Address 2233 Peachtree Road NE Address2 Suite 202 City Atlanta State GA	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Zip 30309				
First Name Custom Tees Last Name	Date 4/29/2024	Occupation T-Shirt Company Employer	Print of T-Shirt	678.40
Address 100 Cumberland Mall 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			
City Atlanta State GA				
Zip 30339				

Page Total \$ 1,386.1

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

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Peerly.com		Date 4/2/2024	Occupation Marketing Company	Texting Campaign	359.00
Last Name					
Address		<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					
State	Zip				
First Name Hollywood Designs				Date 4/17/2024	Occupation Designer
Last Name					
Address Timerrarooks@gmail.com		<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					
State	Zip				
First Name DualDeko, LLC				Date 4/24/2024	Occupation Marketing Company
Last Name					
Address 235 Sims Road		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City Covington					
State GA	Zip 30016				
First Name				Date	Occupation
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name					

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ 2,127

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

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

<u>Total value of investments at beginning of reporting period \$</u>	Page Total Cash Dividends: \$ _____
<u>Total value of investments at end of reporting period \$</u>	Page Total Interest Paid Out: \$ _____
<u>Total difference in value \$</u>	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.

