

## Campaign Contribution Disclosure Report

### 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](http://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. Filing is being made on behalf of (Select One):</b></p> <p><b>Candidate or Public Official</b> Office Held or Sought <u>Mayor of Smyrna, Georgia</u> <small>(Include county, municipality, district, post or judicial circuit)</small></p> <p>Filer ID _____ <small>(Filer ID that begins with the letter "C")</small></p> <p><b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand Delivered Date</p> <p style="text-align: center;"><i>J. Graham</i> <span style="border: 1px solid black; padding: 2px;">11-1-2019</span></p>
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**3. Identifying and Contact Information**

(1) Ryan Campbell (2) 11/1/19  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 2004 White Cypruss Court Smyrna GA 30080  
Mailing Address City State Zip Code

(4) 678-386-4497 and/ or campbellr824@gmail.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: Natasha Dyer | Vincent Olszewski  
Name of Committee Chairperson Name of Committee Treasurer

**4. Period for which you are Reporting**

**You Must Check Only One Box**


My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input checked="" 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)
<p><b>Supplemental Reporting</b></p> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)			
<small>*Persons leaving office with excess funds until such funds are expended as provided in the Act                      *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>			

State of Georgia County of Cobb

I, Ryan Campbell, 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 11-1-19

*Jeri Graham*  
Signature of Notary Public



Commission Expiration 05-09-2022

*Ryan Campbell*  
a. Signature of Candidate  
b. 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. <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.	\$300.00	\$36,101.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0.00	\$4,800.00
3a	All loans received this reporting period.	\$0.00	\$0.00
3b	Interest earned on campaign account this reporting period.	\$0.00	\$0.00
3c	Total amount of investments sold this reporting period.	\$0.00	\$0.00
3d	Total amount of cash dividends and interest paid out this reporting period.	\$0.00	\$0.00
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	\$0.00	\$1,400.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$0.00	\$6,200.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$300.00	\$42,301.00

**EXPENDITURES MADE**

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	\$0.00	\$21,907.61
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$15,950.95
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	\$0.00	\$159.89
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$16,110.84
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$38,018.45

**INVESTMENTS**

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

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	\$300.00	\$4,282.55
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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.

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**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.	<b>\$20,050.00</b>
2	Loans received this reporting period.	<b>\$0.00</b>
3	Deferred payment of expenses this reporting period	<b>\$0.00</b>
4	Payments made on loans this reporting period.	<b>\$0.00</b>
5	Credits received on loans this reporting period	<b>\$0.00</b>
6	Payments this reporting period on previously deferred expenses.	<b>\$0.00</b>
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	<b>\$20,050.00</b>
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

\* Election Cycle (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 Ton  Last Name Taylor  Address 2500 Windy Ridge  Address2  City Smyrna  State GA      Zip 30339  Aff. Comm.	Date 10/3/19  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Executive  Employer Floor and Decor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value   Description	
First Name or Business Name Erin  Last Name Grier  Address 2804 Dubarry Drive  Address2 #907  City Gautier  State MS      Zip 39553  Aff. Comm.	Date 10/6/19  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Logistics Specialist  Employer U.S. Navy		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$100	Est. Value   Description
First Name or Business Name Carol  Last Name Tome  Address 3775 Randall Mill Road  Address2  City Atlanta  State GA      Zip 30327  Aff. Comm.	Date 10/9/19  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Not Employed  Employer Not Employed			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500

Itemized Contributions Page Total \$ 1100.00 \$ \_\_\_\_\_

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First Name or Business Name Mark		Date 10/11/19	Occupation EVP	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value	
Last Name Hollifield					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Address 3500 Ridgewood Road NW		Employer Home Depot					
Address2							
City Atlanta							
State GA	Zip 30327						
Aff. Comm.							
First Name or Business Name Tim		Date 10/13/19	Occupation Manager	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$200	Est. Value	
Last Name Hourigan					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Address 6338 Howell Cobb Court		Employer Home Depot					
Address2							
City Acworth							
State GA	Zip 30101						
Aff. Comm.							
First Name or Business Name Edward		Date 10/14/19	Occupation Merchant	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$200	Est. Value	
Last Name Decker					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Address 1060 Balmore Lane		Employer Home Depot					
Address2							
City Roswell							
State GA	Zip 30075						
Aff. Comm.							
First Name or Business Name Kimberly		Date 10/14/19	Occupation Senior VP	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$200	Est. Value	
Last Name Scardino					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Address 4334 Oglethorpe Loop NW		Employer Home Depot					
Address2							
City Acworth							
State GA	Zip 30101						
Aff. Comm.							

Itemized Contributions Page Total \$ 1100.00 \$

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

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

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

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### Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3.  <input type="checkbox"/> Public Officer  <input type="checkbox"/> Candidate  <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State      Zip		State      Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	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

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<b>State of Georgia</b> <b>Campaign Contribution Disclosure Report</b> <b>Itemized Expenditures</b> Must list expenditures made to a single recipient for which the <u>aggregate</u> total more than \$100.00.				
List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Motivated Printing Last Name Address 5028 S Atlanta Rd SE Address2 #1047 City Atlanta State GA      Zip	Date 10/1/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Printing	\$675.75
First Name TYDEF Media Last Name Address West Marietta St NW Address2 City Atlanta State GA      Zip 30318	Date 10/1/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Media Consulting	\$4,500.00
First Name Ryan Last Name Campbell Address 2004 White Cypruss Ct. Address2 City Smyrna State GA      Zip 30080	Date 10/2/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Restaurant owner  Employer Chris' Caribbean Bistro	Reimbursement for event supplies	\$200.00

Page Total \$ 5375.75

\* 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 Act Blue		Date 10/3/19	Occupation	Fees	\$128.89
Last Name					
Address 366 Summer 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					
City Somerviklle					
State GA	Zip 02144				
First Name Minuteman Printing		Date 10/4/19	Occupation	Printing	\$693.24
Last Name					
Address 821 Concord Rd SE		<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 Smyrna					
State GA	Zip 30080				
First Name Home Depot		Date 10/2/19	Occupation	Sign hardware	\$61.05
Last Name					
Address 2450 Cumberland Pkwy SE		<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 30339				
First Name Home Depot		Date 10/3/19	Occupation	Sign hardware	\$14.93
Last Name					
Address 2450 Cumberland Pkwy SE		<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 30339				

\* 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 \$ 898.11



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## State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address <u>2004 White Cypruss Court</u> _____ 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.

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First Name or Business Name Dawn		Date 10/14/19	Occupation Not Employed	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$200	Est. Value
Last Name Meneer						
Address 1638 Little Willeo Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Not Employed			Description
City Marietta		<input type="checkbox"/> In-Kind				
State GA	Zip 30068	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Peteeer		Date 10/17/19	Occupation CEO	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Fitzgerald						
Address 473 Crimson Maple Way						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Fightingotwn Companies			Description
City Smutna		<input type="checkbox"/> In-Kind				
State GA	Zip 30082	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Quia		Date 10/17/19	Occupation Sales	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$150	Est. Value
Last Name Zellars						
Address 36b Meadowbrook Pl						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Novo Nordisk			Description
City Maplewood		<input type="checkbox"/> In-Kind				
State NJ	Zip 07040	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name HM		Date 10/23/19	Occupation RVP	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1000	Est. Value
Last Name Thompson						
Address 2820 Selwyn Ave						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Home Depot			Description
City Charlotte		<input type="checkbox"/> In-Kind				
State NC	Zip 28209	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				

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

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

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

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

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List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Home Depot Last Name Address 2450 Cumberland Pkwy SE, Address2 City Atlanta State GA Zip 30339	Date 10/8/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Sign hardware	\$33.93
First Name Publix Last Name Address 2955 Atlanta Rd SE Address2 City Smyrna State GA Zip 30080	Date 10/1/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Event supplies	\$68.89
First Name Ryan Last Name Campbell Address 2004 White Cypruss Ct Address2 City Smyrna State GA Zip 30080	Date 10/8/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Restaurant owner  Employer Chris' Caribbean Bistro	Reimbursement for Event supplies	\$100.00
First Name Minuteman Press Last Name Address 821 Concord Rd SE, Address2 City Smyrna State GA Zip 30080	Date 10/8/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Printing	\$989.88

\* 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 \$ \_\_\_\_\_

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Campaigns By Vincent		Date 10/8/19	Occupation	Treasurer Services	\$200.00
Last Name		<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		
Address 17 Treehouse Trail					
Address2					
City Rome					
State GA	Zip 30165				
First Name Vantiv eCommerce		Date 10/9/19	Occupation	Fees	\$79.80
Last Name		<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		
Address 8500 Governors Hill Dr					
Address2					
City Cincinnati					
State OH	Zip 45249				
First Name Minuteman Press		Date 10/11/19	Occupation	Printing	\$480.45
Last Name		<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		
Address 821 Concord Rd SE,					
Address2					
City Smyrna					
State GA	Zip 30080				
First Name Facebook		Date 10/14/19	Occupation	Ads	\$750.00
Last Name		<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		
Address 1 Hacker Way					
Address2					
City Menlo Park					
State CA	Zip 94125				

\* 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 \$ 1510.25

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List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Publix Last Name Address 2955 Atlanta Rd SE Address2 City Smyrna State GA Zip 30080	Date 10/15/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Event supplies	\$47.59
First Name Jim N Nick's Last Name Address 4574 S Cobb Dr SE Address2 City Smyrna State GA Zip 20082	Date <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 expense	\$300.06
First Name TYDEF Media Last Name Address 1040 West Marietta St NW Address2 City Atlanta State GA Zip 30318	Date 10/17/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Media Consulting	\$4,150.00
First Name Facebook Last Name Address 1 Hacker Way Address2 City Menlo Park State CA Zip 94125	Date 10/17/19 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Ads	\$368.01

\* 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 \$ 4,865.66

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Home Depot	Date 10/20/19	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Sign hardware	\$8.20
Last Name					
Address 2450 Cumberland Pkwy SE			Employer		
Address2					
City Atlanta					
State GA Zip 30339					
First Name Ryan	Date 10/21/19	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Restaurant owner	Reimbursement for ewvent supplies	\$250.00
Last Name Campbell					
Address 2004 White Cypruss Court			Employer Chris' Caribbean Bistro		
Address2					
City Smyrna					
State GA Zip 30080					
First Name Minuteman Press	Date 10/25/19	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Printing	\$1,100.28
Last Name					
Address 821 Concord Rd SE,			Employer		
Address2					
City Smyrna					
State GA Zip 30080					
First Name Facebook	Date 10/23/19	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Ads	\$750.00
Last Name					
Address 1 Hacker Way			Employer		
Address2					
City Menlo Park					
State CA Zip 94125					

\* 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 \$ 2108.48