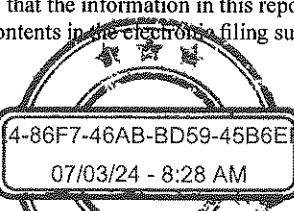


Campaign Contribution Disclosure Report			
Georgia Government Transparency and Campaign Finance Commission			
200 Piedmont Avenue S.E.   Suite 1416 West Tower   Atlanta, GA 30334   404-463-1980   <a href="http://www.ethics.ga.gov">www.ethics.ga.gov</a>			
<b>1. Report Type</b> <small>(Select One)</small> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought <u>Tax Commissioner</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> <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>	Use Earlier of Post Mark or Hand-Delivered Date  <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>	
<b>3. Identifying and Contact Information</b>			
(1) <u>JP Lemay</u> <span style="float: right;">(2) <u>07/01/2024</u></span> <i>Full Name of Candidate or Other Than Candidate Campaign Committee Name</i>		<i>Today's Date</i>	
(3) <u>285 Camelot Drive</u> <span style="float: right;"><u>GA</u> <u>30601</u></span> <i>Mailing Address</i> <span style="float: right;"><i>City</i> <i>State</i> <i>Zip Code</i></span>			
(4) <u>(404) 610-9340</u> <span style="float: right;">and/or <u>jpfortc@jplemay.net</u></span> <i>Primary Contact Phone Number</i> <span style="float: right;"><i>E-Mail</i></span>			
(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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6) If yes, is the committee registered with the Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(7) If yes, complete the following: <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border-bottom: 1px solid black; width: 30%; height: 1.2em; margin-right: 10px;"></span> <u>Name of Committee Chairperson</u> <span style="border-bottom: 1px solid black; width: 30%; height: 1.2em; margin-left: 10px;"></span> <u>Name of Committee Treasurer</u> </div>			
<b>4. Period for which you are Reporting</b>			
<b>You Must Check Only One Box</b>			
<b>My Non-Election Year</b>	<b>My Election Year</b>	<b>Run-Offs</b> <small>(Report required only if you are in a Run-Off Election)</small>	
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input checked="" type="checkbox"/> June 30, <u>2024</u> (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)
<b>Supplemental Reporting</b>		<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. § 21-5-34i</small>			
State of _____		County of _____	
I, _____, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.			
Sworn to and subscribed before me on _____, 20_____			
Signature of Notary Public		Commission Expiration	
		a. Signature of Candidate b. Organization/Chairperson/Treasurer	
Public Officer/Candidate/Other Than Candidate Committee Name		JP Lemay	
Page <u>1</u> of <u>8</u>			

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Summary Report**

**CONTRIBUTIONS RECEIVED**

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	\$0.00	\$6,092.21
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0.00	\$200.00
3a	All loans received this reporting period.		\$0.00
3b	Interest earned on campaign account this reporting period.		\$0.00
3c	Total amount of investments sold this reporting period.		\$0.00
3d	Total amount of cash dividends and interest paid out this reporting period.		\$0.00
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	\$0.00	\$25.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$0.00	\$225.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$0.00	\$6,317.21

**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	\$5,284.97
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$50.00
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	\$0.00
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$50.00
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$5,334.97

**INVESTMENTS**

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

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	\$0.00	\$982.24
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\* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

CFC-CCDR 1/14

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

Election Cycle*: <u>Primary</u>		Election Year: <u>2024</u>	Amount
1	Outstanding indebtedness at the beginning of this reporting period.		\$4,118.23
2	Loans received this reporting period.		\$0.00
3	Deferred payment of expenses this reporting period		\$0.00
4	Payments made on loans this reporting period.		\$0.00
5	Credits received on loans this reporting period		\$0.00
6	Payments this reporting period on previously deferred expenses.		\$0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		\$4,118.23
Election Cycle*: <u>Primary</u>		Election Year: <u>2024</u>	Amount
1	Outstanding indebtedness at the beginning of this reporting period.		\$0.00
2	Loans received this reporting period.		\$0.00
3	Deferred payment of expenses this reporting period		\$0.00
4	Payments made on loans this reporting period.		\$0.00
5	Credits received on loans this reporting period		\$0.00
6	Payments this reporting period on previously deferred expenses.		\$0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		\$0.00
Election Cycle*: <u>Primary</u>		Election Year: <u>2024</u>	Amount
1	Outstanding indebtedness at the beginning of this reporting period.		\$0.00
2	Loans received this reporting period.		\$0.00
3	Deferred payment of expenses this reporting period		\$0.00
4	Payments made on loans this reporting period.		\$0.00
5	Credits received on loans this reporting period		\$0.00
6	Payments this reporting period on previously deferred expenses.		\$0.00
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		\$0.00

\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)  
Public Officer/Candidate/Other Than Candidate Committed 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	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Robert	Date 2024-05-06	Occupation Retired	<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. \$100.00	Est. Value \$0.00
Last Name Elkins					
Address PO Box 933					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
City Athens					
State GA	Zip 30603				
Aff. Comm.					
First Name or Business Name Julian	Date 2024-05-06	Occupation Retired	<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. \$100.00	Est. Value \$0.00
Last Name Whitten					
Address 1025 S Holiday Drive					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Retired			Description
City Dadeville					
State AL	Zip 36853				
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$0.00	Est. Value \$0.00
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City					
State AL	Zip 36853				
Aff. Comm.					

Itemized Contributions Page Total \$ 200.00 \$ 0.00

Loan Reporting			
Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2. \$0.00	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State   Zip		State   Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2. \$0.00	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State   Zip		State   Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <u>0.00</u>	

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

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

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

**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 Open AI, LLC	Date 2024-05-06	Occupation	ChatGPT Subscription	\$20.00
Last Name		Employer		
Address 3180 18th Street	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input checked="" type="checkbox"/> Investment			
Address2				
City San Fransisco				
State CA	Zip 94110			
First Name Open AI, LLC	Date 2024-06-06	Occupation	ChatGPT Subscription	\$20.00
Last Name		Employer		
Address 3180 18th Street	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input checked="" type="checkbox"/> Investment			
Address2				
City San Fransisco				
State CA	Zip 94110			
First Name Synovus Bank	Date 2024-06-07	Occupation	Monthly Service Fee	\$10.00
Last Name		Employer		
Address 1148 Broadway	<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 checked="" type="checkbox"/> Investment			
Address2				
City Columbus				
State GA	Zip 31901			

\$50.00

Page Total \$

\* 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

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

1. Investment Name			Account #		
Institution/Person Holding Account _____			Value at beginning of reporting period \$ \$0.00		
Mailing Address _____			Value at end of reporting period \$ \$0.00		
Address2 _____			Difference in value \$ \$0.00		
City _____ State _____ Zip _____			Interest Paid Out \$ \$0.00		
			Cash Dividends \$ \$0.00		
Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
		\$0.00	\$0.00	\$0.00	\$0.00
2. Investment Name			Account #		
Institution/Person Holding Account _____			Value at beginning of reporting period \$ \$0.00		
Mailing Address _____			Value at end of reporting period \$ \$0.00		
Address2 _____			Difference in value \$ \$0.00		
City _____ State _____ Zip _____			Interest Paid Out \$ \$0.00		
			Cash Dividends \$ \$0.00		
Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
		\$0.00	\$0.00	\$0.00	\$0.00
Total value of investments at beginning of reporting period \$ _____			Page Total Cash Dividends: \$ _____		
Total value of investments at end of reporting period \$ _____			Page Total Interest Paid Out: \$ _____		
Total difference in value \$ _____			Page Total Profit: \$ _____		
			Page Total Loss: \$ _____		

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

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.  
Information that is to be reported in the body of the report **should not** be listed on Addendum Statement.