

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

1. Report Type (Select One)	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Board of Education District 7</u> (Include county, municipality, district, post or judicial circuit) Filer ID (Filer ID that begins with the letter "C")	Local Location Code: Use Earliest of Post Mark or Hand Delivered Date
<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amendment	JUL 6 '18 +10:00 Qualifying Office Filer ID:
Amendment #	Organization or Person Other than Candidate's Campaign Committee Committee Name: 	
	Filer ID: (Filer ID that begins with the letter "NC")	

3. Identifying and Contact Information

(1) <u>Lakeisha Gantt</u>	(2) <u>7/6/2018</u>
Full Name of Candidate or Other Than Candidate Campaign Committee	Today's Date
(3) <u>P.O. Box 48712</u>	<u>ATLANTA</u>
Mailing Address	City
(4) <u>700 207. 2002</u>	<u>30304</u>
Primary Contact Phone Number	Zip Code
	and/or <u>Lakeisha78@gmail.com</u>
	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: Charissa Coleman Tenisha Harrison
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 (Report required only if you are in a Run-Off Election)	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 checked="" 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)			

*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 refine debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)

I,

State of

(GA)

County of

Clarke

I, Tenisha Harrison, 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

July 6, 2018


 The seal of the State of Georgia, featuring a central shield with a plow, a sheaf of wheat, and a cotton plant, surrounded by the words "THE GREAT SEAL OF THE STATE OF GEORGIA" and the date "1790".

Commission Expiration

Signature of Candidate

a. Signature of Candidate

Signature of Chairperson/Treasurer

b. Organization/Chairperson/Treasurer

State of Georgia
Campaign Contribution Disclosure Report
Summary Report
CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		
3a	All loans received this reporting period.		
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.		0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		0
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		0
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
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		0
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
11	Total expenditures reported this period. (Line 9 + 10)		0
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		0
INVESTMENTS			
13	Total value of investments held at the beginning of this reporting period.		0
14	Total value of investments held at the end of this reporting period.		0
TOTAL NET BALANCE ON HAND			
15	Net balance on hand. (Line 6 - 12 + 14)		0

* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

State of Georgia
Campaign Contribution Disclosure Report
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 Estimated Value Description
	Received Date	Occupation & Employer			
	Contribution Type*				
First Name <i>Georgia</i>	Date <i>4.20.18</i>	Occ.	<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	<i>\$100.00</i>	Est. Value
Last Name <i>Calhoun</i>					
Address <i>440 Milledge Dr.</i>					
Address2	<input type="checkbox"/> Monetary	Emp.			Description
City <i>Athens</i>	<input type="checkbox"/> In-Kind				
State <i>Ga.</i>	<input type="checkbox"/> Common Source				
Zip <i>30606</i>	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name <i>Katherine</i>	Date <i>4.23.18</i>	Occ.	<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	<i>\$100.00</i>	Est. Value
Last Name <i>Downs</i>					
Address <i>Katherinedowns@mac.com</i>					
Address2	<input type="checkbox"/> Monetary				Description
City	<input type="checkbox"/> In-Kind				
State <i>Ga.</i>	<input type="checkbox"/> Common Source				
Zip <i>30606</i>	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name <i>Angela</i>	Date <i>4.22.18</i>	Occ.	<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	<i>\$100.00</i>	Est. Value
Last Name <i>Meltzer</i>					
Address <i>117 Westview Dr.</i>					
Address2	<input type="checkbox"/> Monetary	Emp.			Description
City <i>Athens</i>	<input type="checkbox"/> In-Kind				
State <i>Ga.</i>	<input type="checkbox"/> Common Source				
Zip <i>30606</i>	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ *4* of *11*

First Name Catherine	Date Packer-Williams 4/17.18	Occ.	Cash Amt. \$100.00	Est. Value
Last Name Packer-Williams				
Address 552 Telegraph Dr.				
Address2	<input checked="" type="checkbox"/> Monetary	Emp.		Description
City Aiken	<input type="checkbox"/> In-Kind			
State SC	<input type="checkbox"/> Common Source			
Zip 29801	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name Tara	Date 5.14.18	Occ.	Cash Amt. \$100.00	Est. Value
Last Name Ford				
Address 411 Box 1107				
Address2	<input checked="" type="checkbox"/> Monetary	Emp.		Description
City APO	<input type="checkbox"/> In-Kind			
State AE	<input type="checkbox"/> Common Source			
Zip 09112	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name Rickey	Date 5.12.18	Occ.	Cash Amt. \$150.00	Est. Value
Last Name Grisson				
Address 255 Promenade				
Address2 # 151	<input checked="" type="checkbox"/> Monetary	Emp.		Description
City Providence	<input type="checkbox"/> In-Kind			
State RI	<input type="checkbox"/> Common Source			
Zip 02908	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name Georgia	Date 5.10.18	Occ.	Cash Amt. \$100.00	Est. Value
Last Name Cahoon				
Address 440 Milledge Dr.				
Address2	<input checked="" type="checkbox"/> Monetary	Emp.		Description
City Athens	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30606	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				

Itemized Contributions Page Total \$ _____ \$ _____

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

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

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

CFC-CCDR 1/14

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Facebook	Date 6/1/2018	Occ.		\$143.33
Last Name			Advertisement	
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2				
City				
State Zip				
First Name Shannon	Date 5/29/2018	Occ.		\$19.00
Last Name Johnson			Photography	
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2				
City				
State Zip				
First Name Nikema	Date 5/29/2018	Occ.		\$150.00
Last Name Starale			Videographer	
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2				
City				
State Zip				
First Name Tamara	Date 5/29/2018	Occ.		\$100.00
Last Name Hagg			Repayment for advertisement	
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2				
City				
State Zip				

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lakeisha Last Name Gantt Address Address2 City State Zip	Date 5/29/2018 <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 on Deferred Expense <input type="checkbox"/> Investment	Occ. Emp.	Repayment for Lakeisha Gantt	\$8350.00
First Name Chick-fil-A, Kroger, Last Name American Deli, PolarTee, Address Starbucks Address2 City State Zip	Date 5/24/2018 + 5/23/2018 <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 on Deferred Expense <input type="checkbox"/> Investment	Occ. Emp.	Campaign Volunteer Refreshments	\$202.91
First Name Kroger Last Name Address Address2 City State Zip	Date 5/29/2018 <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 on Deferred Expense <input type="checkbox"/> Investment	Occ. Emp.	Campaign Volunteer Items	\$113.00
First Name Festermiywall Last Name Address Address2 City State Zip	Date 5/22/2018 <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 on Deferred Expense <input type="checkbox"/> Investment	Occ. Emp.	Marketing Items	\$2.99

* 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 \$

Public Officer/Candidate/Other Than Candidate Committee Name

Lakeisha Gantt

Page 8 of 11

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Walmart	Date 5/21/2018	Occ.	Campaign Volunteer Items	\$19.72
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2				
City				
State	Zip			
First Name Charlisa	Date 5/21/2018	Occ.	Campaign Manager Adminstration Cost	\$100.00
Last Name Coleman				
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 on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2				
City				
State	Zip			
First Name	Date	Occ.		
Last Name				
Address				
Address2				
City				
State	Zip			
First Name	Date	Occ.		
Last Name				
Address				
Address2				
City				
State	Zip			

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

Public Officer/Candidate/Other Than Candidate Committee Name

Lakesha Gant

Page 9 of 11

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

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

Lakeisha Gantt

CFC-CCDR 1/14

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.