

CFC/CDR 1.14

4.14

**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

<b>1. Report Type</b> <small>(Select One)</small>  <input checked="" type="checkbox"/> Original  <input type="checkbox"/> Amendment  <small>Amendment #</small>	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought: <b>County Commissioner (District 9)</b> <small>(Include county, municipality, district, post or judicial circuit)</small>  Filer ID: _____ <small>(Filer ID that begins with the letter "C")</small>	Use Earliest of Post Mark or Hand Delivered Date  <b>JUL 9 '18 PM 1:06</b>  <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	<b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: <b>Committee To Elect Tommy Valentine</b>  Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

**3. Identifying and Contact Information**

(1) Thomas Kenneth Valentine (2) 07/01/2018  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 395 Cleveland Avenue Athens GA 30601  
Mailing Address City State Zip Code

(4) (706) 296-3583 and/or tommyforathens@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:  
Name of Committee Chairperson Tracy Davenport Name of Committee Treasurer

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

**You Must Check Only One Box**

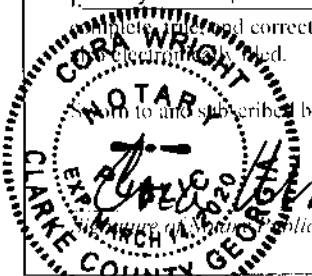
My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, 2018 (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)			

\*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)

State of Georgia County of Clarke

I, Tracy Davenport, being duly sworn (affirm), depose and say that the information in this report form is true, correct and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if applicable.

Subscribed before me on July 9, 2018



*Tracy Davenport*  
Signature of Candidate

March 14, 2020  
Commission Expiration

*Tracy Davenport*  
Signature of Candidate

*Tracy Davenport*  
Signature of Candidate

11-0000000000

## 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	32578
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		1659.00
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
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.		<b>1390.00</b>
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		3049.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		35627.00

### 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.		26288.07
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		5149.77
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		1222.91
11	Total expenditures reported this period. (Line 9 + 10)		6372.68
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		33660.07

### INVESTMENTS

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

### TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		1966.25
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\* O.C.G.A. 21-5-8 (3) 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.

CEC-CDR-1.14

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

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

\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)  
 Public Officer/Candidate/Other Than Candidate Committee Name

13-C-0018-14

## 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
	Received Date Contribution Type*	Occupation & Employer			
First Name or Business Name <b>Steven</b>  Last Name <b>Boos</b>  Address <b>240 Dunwoody Creek Circle</b>  Address2  City <b>Athens</b> State <b>GA</b> Zip <b>30350</b> Aff. Comm	Date <b>04/22/2018</b>  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <b>Self Employed</b>  Employer  Student	<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 <b>250.00</b>	Est. Value   Description
First Name or Business Name <b>Meghan</b>  Last Name <b>Brudney</b>  Address <b>143 N Hamilton Dr Apt. D</b>  Address2  City <b>Beverly Hills</b> State <b>CA</b> Zip <b>90211</b> Aff. Comm	Date <b>06/09/2018</b>  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <b>Student</b>  Employer <b>Student</b>	<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 <b>450.00</b>	Est. Value   Description
First Name or Business Name <b>Ben</b>  Last Name <b>Brunjes</b>  Address <b>10719 Exeter Ave NE</b>  Address2  City <b>Seattle</b> State <b>WA</b> Zip <b>98125</b> Aff. Comm	Date <b>04/03/2018</b>  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <b>Professor</b>  Employer <b>UW</b>	<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 <b>150.00</b>	Est. Value   Description

Itemized Contributions Page Total \$ 850.00

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First Name or Business Name	Date	Occupation	Cash Amt	Est. Value
David	06/11/2018	Training Specialist	100.00	
Last Name Griffin		<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		Description
Address 345 Nassau Lane				
Address2	<input checked="" type="checkbox"/> Monetary			
City Athens	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30607	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm				
David	05/09/2019	College Lecturer	109.00	
Last Name Gunton		<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		Description
Address 163 Easy Street				
Address2	<input checked="" type="checkbox"/> Monetary			
City Athens	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30601	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm				
Deborah	05/10/2018	Nurse	200.00	
Last Name Valentine		<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		Description
Address 460 Ponderosa Dr				
Address2	<input checked="" type="checkbox"/> Monetary			
City Athens	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30605	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm				
Sam	04/15/2018	Landscape Architect	400	
Last Name Valentine		<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		Description
Address 95 Beacon St Apt #2				
Address2	<input checked="" type="checkbox"/> Monetary			
City Somerville	<input type="checkbox"/> In-Kind			
State MA	<input type="checkbox"/> Common Source			
Zip 01443	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm				

Itemized Contributions Page Total \$ 809.00 S

\* 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 Office <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.	
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 Office <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.	
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 Office <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.	
Lender Last Name	2.	Last Name	2.

Reference: O.C.G.A. § 21-5-34(b)(1)

Loan Page Total    S

\* 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

*Tommy Valentin*

CTC-CYDR 4

## State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <b>GO Union Printing</b> Last Name Address <b>5018 Tampa West Blvd</b> Address2 City <b>Tampa</b> State <b>FL</b> Zip <b>33634</b>	Date <b>05/18/2018</b> <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	Advertising	1867.96
First Name <b>Facebook</b> Last Name Address <b>1 Hacker Way</b> Address2 City <b>Menlo Park</b> State <b>CA</b> Zip <b>94025</b>	Date <b>06/01/2018</b> <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	Advertising	553.00
First Name <b>Bel Jean</b> Last Name Address <b>163 E Broad St</b> Address2 City <b>Athens</b> State <b>GA</b> Zip <b>30601</b>	Date <b>05/21/2018</b> <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	Advertising	234.36

Page Total **5**      2655.32

\* 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

*Tommy Valentine*

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name WXAG	Date 05/09/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Advertising	250.00
Last Name			Employer		
Address 855 Sunset Drive, Suite 16					
Address2					
City Athens					
State GA	Zip 30606				
First Name Los Reyes	Date 05/21/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Staff Food	154.89
Last Name			Employer		
Address 1880 US-29					
Address2					
City Athens					
State GA	Zip 30601				
First Name The Southern Brewing Company	Date 05/25/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Advertising/Post Election Wrap-up	123.00
Last Name			Employer		
Address 231 Collins Ind Blvd					
Address2					
City Athens					
State GA	Zip 30601				
First Name ActBlue	Date 06/04/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation	Donation Processing Fees	203.06
Last Name			Employer		
Address PO Box 441146					
Address2					
City Somerville					
State MA	Zip 02144				

\* 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 \$ 730.95



CCC-CORRECT

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Anna	Date 06/07/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Campaign Staff Member	Staff Payroll	500
Last Name Gerbsch					
Address					
Address2			Employer Committee to Elect Tommy Valentine		
City					
State	Zip				
First Name Lydia	Date 06/18/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Campaign Staff Member		500.00
Last Name Alotraris					
Address					
Address2			Employer Committee to Elect Tommy Valentine		
City					
State	Zip				
First Name Sterling	Date 04/13/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Campaign Staff Member		502.50
Last Name Gardner					
Address					
Address2			Employer Committee to Elect Tommy Valentine		
City					
State	Zip				
First Name Chris	Date 05/24/2018	<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 <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Vendor	Services Payment	261.00
Last Name Smith					
Address					
Address2			Employer		
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 \$ 1763.50

*Tommy Valentine*

FEC-CDR-114

## State of Georgia Campaign Contribution Disclosure Report Investments Statement

<b>1. Investment Name</b>	Account #
Institution/Person Holding Account _____ Mailing Address 395 Cleveland Avenue _____ 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

<b>2. Investment Name</b>	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: \$ _____

Tommy Keenan

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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.

[Empty area for Addendum Statement]