

## Campaign Contribution Disclosure Report

## Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | [www.ethics.ga.gov](http://www.ethics.ga.gov)

<b>1. Report Type</b> <small>(Select One)</small>  <input checked="" type="checkbox"/> Original  <input type="checkbox"/> Amendment  Amendment # _____	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought <u>ACC Commissioner District 6</u> <small>(Include county, municipality, district, post or judicial circuit)</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; height: 20px; width: 100%;"></div>
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## 3. Identifying and Contact Information

- (1) Rashe Malcolm (2) 03/30/2024  
*Full Name of Candidate or Other Than Candidate Campaign Committee Name* *Today's Date*
- (3) 135 Chalice Lane Athens GA 30606  
*Mailing Address* *City* *State* *Zip Code*
- (4) (706) 714-8994 and/ or \_\_\_\_\_  
*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: rashe malcolm Al fargione  
*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"/> December 31, _____(year)	<input type="checkbox"/> January 31, _____(year) <input checked="" type="checkbox"/> April 30, <u>2024</u> (year) <input type="checkbox"/> June 30, _____(year) <input type="checkbox"/> September 30, _____(year) <input type="checkbox"/> October 25, _____(year) <input type="checkbox"/> Dec. 31, _____(year)	<input type="checkbox"/> 6 days before Primary Run-Off _____(year) <input type="checkbox"/> 6 days before General Run-Off _____(year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____(year) <input type="checkbox"/> 6 days before Special Run-Off _____(year)	<input type="checkbox"/> 15 days before Special Primary, _____(year) <input type="checkbox"/> 15 days before Special, _____(year) <input type="checkbox"/> Dec. 31, _____(year)
<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 \_\_\_\_\_

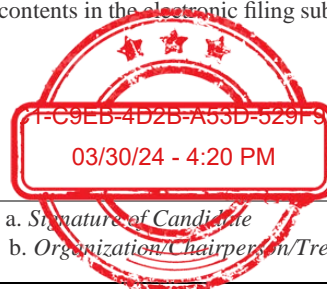
County of \_\_\_\_\_

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



# 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:	<b>In-Kind Estimated Value</b>	<b>Cash Amount</b>
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	\$0.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0.00	\$3,250.00
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	\$0.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$0.00	\$3,250.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$0.00	\$3,250.00

#### 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	\$0.00
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$2,802.72
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	\$2,802.72
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$2,802.72

#### 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	\$447.28
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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.

**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.	\$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*: _____ Election Year: _____		<u>Amount</u>
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*: _____ Election Year: _____		<u>Amount</u>
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 Committee 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 Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Isaiah	Date 2024-02-20	Occupation	<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. \$200.00	Est. Value \$0.00
Last Name Ellison					
Address 1201 Bennett Springs Drive					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City greensboro	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30642	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name carl	Date 2024-02-13	Occupation	<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. \$200.00	Est. Value \$0.00
Last Name blount					
Address 229 henderson ave					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
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.					
First Name or Business Name law office of brian v patterson llc	Date 2024-02-15	Occupation	<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. \$100.00	Est. Value \$0.00
Last Name					
Address 320 e clayton st					
Address2 ste 412	<input checked="" type="checkbox"/> Monetary	Employer			
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.					

Itemized Contributions Page Total \$ 500.00 \$ 0.00

CFC-CCDR 1/14

First Name or Business Name frances		Date 2024-03-16	Occupation	<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. \$250.00	Est. Value \$0.00
Last Name hughes						
Address 160 mulberry st						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30601	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name daniel		Date 2024-03-09	Occupation	<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. \$200.00	Est. Value \$0.00
Last Name everett						
Address 145 three oaks dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30607	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name neville		Date 2024-02-16	Occupation	<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. \$200.00	Est. Value \$0.00
Last Name anderson						
Address 1131 tanglebrook dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30606	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name kathleen		Date 2024-03-09	Occupation	<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. \$200.00	Est. Value \$0.00
Last Name blane						
Address 145 three oaks dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30607	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 850.00	\$ 0.00

\* 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

CFC-CCDR 1/14

First Name or Business Name wendy		Date 2024-03-27	Occupation	<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. \$100.00	Est. Value \$0.00
Last Name moore						
Address 585 research dr						
Address2 suite a		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30605	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name rachel		Date 2024-03-24	Occupation	<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. \$150.00	Est. Value \$0.00
Last Name swartz						
Address 585 research dr						
Address2 suite a		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30605	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name kyle		Date 2024-03-01	Occupation	<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. \$100.00	Est. Value \$0.00
Last Name pitts						
Address 585 research dr						
Address2 suite a		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30605	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name david		Date 2024-03-27	Occupation	<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. \$250.00	Est. Value \$0.00
Last Name lyle						
Address 585 research dr						
Address2 suite a		<input checked="" type="checkbox"/> Monetary	Employer			Description
City athens		<input type="checkbox"/> In-Kind				
State GA	Zip 30605	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 600.00	\$ 0.00

\* 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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First Name or Business Name yvette		Date 2024-03-25	Occupation	<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. \$200.00	Est. Value \$0.00		
Last Name lane		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer					
Address 565 red bluff drive								
Address2								
City athens		<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description		
State GA							Zip 30606	
Aff. Comm.								
First Name or Business Name austin		Date 2024-03-24	Occupation	<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. \$100.00	Est. Value \$0.00		
Last Name childers		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer					
Address 585 research dr								
Address2 suite a								
City athens		<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description		
State GA							Zip 30606	
Aff. Comm.								
First Name or Business Name classic city legal, inc		Date 2024-02-20	Occupation	<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. \$1,000.00	Est. Value \$0.00		
Last Name		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer					
Address 585 research dr								
Address2 ste 412								
City athens		<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description		
State GA							Zip 30601	
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		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer					
Address								
Address2								
City		<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description		
State							Zip	
Aff. Comm.								
Itemized Contributions Page Total \$ 1,300.00 \$ 0.00								

\* 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

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. \$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	
<div style="display: flex; justify-content: space-between;"> <span>Reference: OCGA § 21-5-34(b)(1)</span> <span>Loan Page Total    \$ 0.00</span> </div>					

\* 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-CCDR1/14

## 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 DAP Athens	Date 2024-03-29	Occupation	yard signs	\$1,000.00
Last Name				
Address 655 hawthorne ave	<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			
Address2				
City athens				
State GA      Zip 30606				
First Name DAP Athens	Date 2024-03-29	Occupation	push cards	\$146.43
Last Name				
Address 655 hawthorne ave	<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			
Address2				
City athens				
State GA      Zip 30606				
First Name DAP Athens	Date 2024-03-29	Occupation	name tag	\$20.00
Last Name				
Address 655 hawthorne ave	<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			
Address2				
City athens				
State GA      Zip 30606				

Page Total \$ \$1,166.43

\* 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

CFC-CCDR 1/14

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name GA Dem Party		Date 2024-03-21	Occupation	votebuiler	\$100.00
Last Name					
Address GA Dem Party		<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 30606				
First Name PayPal		Date 2024-03-30	Occupation	processing fees	\$25.50
Last Name					
Address 2211 N 1st 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 San Jose					
State CA	Zip 95131				
First Name walmart		Date 2024-03-13	Occupation	supplies	\$50.00
Last Name					
Address atlanta hwy		<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 athens					
State GA	Zip 30606				
First Name acc board of elections		Date 2024-03-04	Occupation	qualifying fees	\$860.79
Last Name					
Address 155 e washington 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 athens					
State GA	Zip 30601				

\* 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 \$ \$1,036.29

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name free radical labs, llc		Date 2024-03-30	Occupation	photos/website	\$600.00
Last Name					
Address 400 ashton drive		<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 athens					
State GA	Zip 30606				
First Name		Date	Occupation		\$0.00
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		\$0.00
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		\$0.00
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				

\* 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 \$ \$600.00

## State of Georgia

### Campaign Contribution Disclosure Report

### Investments Statement

1. Investment Name	Account #
Institution/Person Holding Account _____  Mailing Address _____  Address2 _____  City _____ State _____ Zip _____	Value at beginning of reporting period \$ \$0.00
	Value at end of reporting period \$ \$0.00
	Difference in value \$ \$0.00
	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 _____  Mailing Address _____  Address2 _____  City _____ State _____ Zip _____	Value at beginning of reporting period \$ \$0.00
	Value at end of reporting period \$ \$0.00
	Difference in value \$ \$0.00
	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

<u>Total value of investments at beginning of reporting period \$</u>  <u>Total value of investments at end of reporting period \$</u>  <u>Total difference in value \$</u>	Page Total Cash Dividends:     \$ <u>\$0.00</u>  Page Total Interest Paid Out:     \$ <u>\$0.00</u>  Page Total Profit:     \$ <u>\$0.00</u>  Page Total Loss:     \$ <u>\$0.00</u>
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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.