

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 <small>(Select One)</small> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought: <u>TUCKER DISTRICT 1, POST 1</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID: <u>C2017060869</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee 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; padding: 5px; text-align: center;">10/2/17</div>
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3. Identifying and Contact Information

(1) PATRICIA E SOLTYS (2) 9/30/17
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P O BOX C2340 SMOKE RISE GA 30085
Mailing Address City State Zip Code

(4) (770) 573-9715 and/ or PAT@SMOKERISEAGENTS.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: VIRGINIA RECE | HARRY STRACK
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) Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input checked="" type="checkbox"/> October 25, <u>2017</u> (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)

State of GEORGIA County of DEKALB

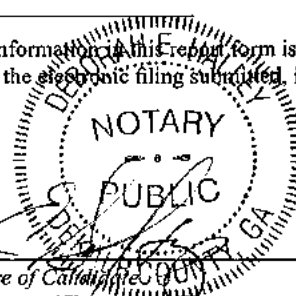
I, PATRICIA E SOLTYS, being duly sworn (affirm), depose and say that the information on this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on Sept 30, 2017

Deborah E. Hally 7-10-19
Signature of Notary Public Commission Expiration

[Signature]
a. Signature of Candidate

[Signature]
b. Organization/Chairperson/Treasurer



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

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	0.00	0.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	818.00	10595.00
3a	All loans received this reporting period.		2089.42
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)	818.00	12684.42
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	818.00	12684.42

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	2164.42
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	2164.42
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0.00	2164.42

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	10520.00
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

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

Election Cycle*: <u>GENERAL</u> Election Year: <u>2017</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0.00
2	Loans received this reporting period.	2164.42
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)	2164.42
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

CFC-CCDR 1/14

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
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name SOLTYS INC	Date 09/18/2017	Occupation REALTOR	<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
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind				
State	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name BILL	Date 09/18/2017	Occupation ENGINEER-OWNER	<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
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	MICRODESIGNS			
State	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name DOUG	Date 09/18/2017	Occupation LANDSCAPER	<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
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	DOUGLAS FIR			
State	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 450.00

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First Name or Business Name		Date	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.	Est. Value
CHARLENE		09/18/2017	BUSINESS OWNER		<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	100
Last Name ALVAREZ						
Address 1754 KANAWHA DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer VULCAN SHOES			Description
City SMOKE RISE		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 30087		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name ANN CLAIRE		09/18/2017	ASISTANT VP-TRADING	<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	350	
Last Name LATHEM						
Address 1843 MOUNTAIN CREEK DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer MONTAG & CALDWELL			Description
City SMOKE RISE		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 30087		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name MILTON			RETIRED	<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	100	
Last Name CROSSWY						
Address 5059 CHEDWORTH DRIVE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City SMOKE RISE		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 30087		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name PATTI		09/18/2017	TRANSACTION COORDINATOR	<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	100	
Last Name HUGHES						
Address 3948 MARVINLEE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer SELF-EMPLOYED			Description
City SMOKE RISE		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 30087		<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 650.00 \$

* 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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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
	Contribution Type*				Description
First Name or Business Name PAT Last Name SOLTYS Address P O BOX 2340 Address2 City SMOKE RISE State Zip GA 30087 Aff. Comm.	Date 09/13/2017	Occupation REALTOR-OWNER Employer SOLTYS INC	<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. 25	Est. Value Description
First Name or Business Name JENS Last Name CHRISTENSEN Address 5180 ANTELOPE LANE Address2 City SMOKE RISE State Zip GA 30087 Aff. Comm.	Date 09/18/2017	Occupation GENERAL CONTRACTOR Employer DANECRAFT	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500	Est. Value Description
First Name or Business Name BUD & DIANE Last Name CHRISTIAN Address 1460 SILVER HILL Address2 City SMOKE RISE State Zip GA 30087 Aff. Comm.	Date 09/18/2017	Occupation RETIRED Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description

Itemized Contributions Page Total \$ 625.00 \$ _____

Public Officer/Candidate/Other Than Candidate Committee Name

FRIENDS OF PAT SOLTYS

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
RICHARD & LUCY	09/18/2017	CPA	<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	250	
Last Name WHITE Address 6098 MILLSTONE Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer RICHARD WHITE CPA			Description
ANNA % CLARENCE	09/18/2017		<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	100	
Last Name OGLETREE Address 2313 GRAIN MEADOW Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
VIJAY & OM	09/18/2017	DOCTORS	<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	100	
Last Name ARORA Address 2189 SPENCERS WAY Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SELF-EMPLOYED			Description
ANDY & BRENDA	09/24/2017	PROPERTY MANAGEMENT - OWNER	<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	500	
Last Name ALEXANDER Address 5105 CHEDWORTH Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer APG INC			Description
Itemized Contributions Page Total \$				950.00	\$

* 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

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
	Contribution Type*				Description
First Name or Business Name MOIRA Last Name WALDRON Address 2106 SILVERSMITH Address2 City SMOKE RISE State Zip GA 300878 Aff. Comm.	Date 09/18/2017	Occupation HOMEMAKER Employer <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250	Est. Value Description
First Name or Business Name STEVE & LARAINÉ Last Name RENNER Address 5389 PHEASANT RUN Address2 City SMOKE RISE State Zip GA 30087 Aff. Comm.	Date 09/18/2017	Occupation HVAC TECHNICIAN Employer CLIMATE TECHNICIANS <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value Description
First Name or Business Name MIKE SWOMLEY Last Name PAT BAUMANN Address 5000 CHEDWORTH Address2 City SMOKE RISE State Zip GA 30087 Aff. Comm.	Date 09/18/2017	Occupation OPTICAL DEVICES Employer SELF-EMPLOYED <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description

Itemized Contributions Page Total \$ 550.00 \$ _____

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
DORIS	09/18/2017	RETIRED	<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	200	
Last Name HASTY					
Address 1491 KINGS CROSSING					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	Zip 30087				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
DICK & TERRY	09/18/2017	CPA	<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	50	
Last Name INGWERSEN					
Address 5020 CHEDWORTH					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	Zip 30087				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
JENNY	09/18/2017	INTERIOR DESIGNER	<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	100	
Last Name ROTHMAN					
Address 2154 DEER RIDGE DR					
Address2	<input checked="" type="checkbox"/> Monetary	Employer ROTHMAN & ROTHMAN DESIGN			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	Zip 30087				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
JOSE	09/18/2017	DOCTOR	<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	50	
Last Name RIEFKOHL					
Address 2410 TRISTAN CIRCLE NE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer VA HOSPITAL			
City ATLANTA	<input type="checkbox"/> In-Kind				
State GA	Zip 30345				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 400.00 \$

* 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

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 STEVEN Last Name SALTZMAN Address 5333 GAULEY RIVER Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/18/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation RETIRED Employer <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description	
First Name or Business Name STEVE & ELAINE Last Name ASHBY Address 2230 MOUNTAIN CREEKDR Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/18/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation ATTORNEY Employer ASHBY FAMILY LAW <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value Description
First Name or Business Name JERRY Last Name SILVIO Address 646B KENTUCKY ST Address2 City SCOTSDALE State GA Zip 30079 Aff. Comm.	Date 09/18/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation CIVIL ENGINEER Employer SILVIO DEVELOPMENTS <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			<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

Itemized Contributions Page Total \$ 500.00 \$ _____

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
ANGIE	09/18/2017	ATTORNEY	<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	100	
Last Name BURNETT					
Address 2446 SPENCERS WAY					
Address2	<input checked="" type="checkbox"/> Monetary	Employer ALSTON BYRD			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	Zip 30087				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
KAREEM	09/18/2017	ATTORNEY	<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	200	
Last Name MADDISON					
Address 115 W PEACHTREE NW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer LUEDER LARKIN & HUNTER			
City ATLANTA	<input type="checkbox"/> In-Kind				
State GA	Zip 30313				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
RUTHHANN	09/18/2017	ATTORNEY	<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	250	
Last Name LACEY					
Address 5745 REDCOAT RUN					
Address2	<input checked="" type="checkbox"/> Monetary	Employer RUTHANN LACEY PC			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	Zip 30087				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
			<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		
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind				
State	Zip				
Aff. Comm.	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$				550.00	\$

* 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

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 RON & NELDA Last Name LUNSFORD Address 2199 IVEY CREEK WAY Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/30/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation RETIRED Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description
First Name or Business Name BOB & BARBARA Last Name BRUSCHI Address 2190 MOUNTAIN LANE Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation INDUSTRIAL SALES Employer BRUSCHI ENGINEERING	<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. 50	Est. Value Description
First Name or Business Name MARY & KATHERINE Last Name STERNS Address 5329 ANTELOPE LANE Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation RETIREDVVP Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description

Itemized Contributions Page Total \$ 250.00 \$ _____

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
PETE & RENE Last Name: BOVEN Address: 5954 MILLSTONE RUN Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.	09/24/2017	VP	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250	
			Employer: FOREST PRODUCTS <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
JAN Last Name: MAHONEY Address: 5365 SMOKE RISE DRIVE Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.	09/24/2017	RETIRED	<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	25	
			Employer: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
VICKIE & KEN Last Name: CARPENTER Address: 1768 KANAWHA DR Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.	09/24/2017	ATTORNEY	<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	100	
			Employer: ZACHARY & SEAGRAVES <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
JOHN Last Name: ASTLEFORD JR Address: Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.	09/24/2017	RETIRED	<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	50	
			Employer: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Itemized Contributions Page Total \$				425.00	\$

* 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

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
	Contribution Type*				Description
First Name or Business Name BILL \$ CONNIE	Date 09/24/2017	Occupation OPERATIONS MANAGEMENT	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name SANFORD					
Address 5627 SILVER RIDGE					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer MODSPACE			Description
First Name or Business Name MABREY & LINDA	Date 09/24/2017	Occupation RETIRED	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name MANDERSON					
Address 2382 SPENCERS WAY					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
First Name or Business Name DAVID & SANDRA	Date 09/24/2017	Occupation ATTORNEY	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name WALKER					
Address 1549 HOWELL HIGHLANDS					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer SELF-EMPLOYED			Description

Itemized Contributions Page Total \$ 300.00 \$

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
ROBERT PATE 1871 CHEDWORTH SMOKE RISE GA 30087	09/24/2017	CONTRACTOR SALES HOME DEPOT	<input checked="" 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	50	
DAVID HUFFMAN 1871 CHEDWORTH CT SMOKE RISE GA 30087	09/24/2017	IT LCD DEPOT	<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	50	
RETH-KIKS GROUP 1824 MOUNTAIN SHADOW SMOKE RISE GA 30087	09/24/2017	DOCTOR RETH-KIKS GROUP	<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	250	
ROSENFELD JEWELRY 4957 LAVISTA ROAD TUCKER GA 30084	09/24/2017	JEWELER ROSENFELD JEWELERS	<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	150	

Itemized Contributions Page Total \$ 500.00 \$

* 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

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 JIM & SUSAN Last Name MAHONEY Address 2170 SKYTOP[Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017	Occupation SALES DIRECTOR Employer PARK SPRINGS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description
First Name or Business Name WALTER & CHERYL Last Name HOTZ Address 24345 SPENCERS WAY Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017	Occupation ATTORNEY Employer BOE APPEALS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value Description
First Name or Business Name JOSHUA & ELIZABETH Last Name GLENN Address 1886 BELLE MEADE Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017	Occupation Employer	<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. 50	Est. Value Description

Itemized Contributions Page Total \$ 350.00 \$ _____

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
PAT & BOB Last Name: HARRIS Address: 1971 CARRINGTON Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/24/2017	RETAIL OWNER Employer: DE FINE ART	<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	200	
QUAYE Last Name: REED Address: 5398 ROSSER ROAD Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/24/2017	RETIRED Employer:	<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	50	
CHARLES & ALICE Last Name: GREENE Address: 1995 CARRINGTON Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/24/2017	RESTAURANTEUR Employer: MATTHEWS ENTERPRISES	<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	100	
TERRELL Last Name: MCCALL Address: 6111 WINDSONG WAY Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/17/2018	ELECTRICIAN Employer: MCCALL ENTERPRISES	<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	250	
Itemized Contributions Page Total \$ 600.00					\$

* 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

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 MIKE & SUSAN Last Name MOJCIK Address 2155 SPENCERS WAY Address2 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017	Occupation DOCTOR & NURSE Employer GEINNETT OB GYN & EGLESTON HOSPITAL	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description
First Name or Business Name <i>STEPHAN</i> MCCAULEY Address 2970 PEACHTREE ROAD NW Address2 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan City ATLANTA State GA Zip 30305 Aff. Comm.	Date 09/29/2017	Occupation DEVELOPER Employer MCAULEY INVESTMENTS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 1000	Est. Value Description
First Name or Business Name BRUCE Last Name LUCIA Address 5261 GAULEY RIVER Address2 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/24/2017	Occupation PRESIDENT Employer KROGER	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250	Est. Value Description

Itemized Contributions Page Total \$ 1350.00 \$

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
JACK Last Name: GETZ Address: 4051 IDLEWOOD PARC CT Address2: City: TUCKER State: GA Zip: 30084 Aff. Comm.:	09/28/2017	RETIRED	<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	20	
ELLEN Last Name: BANKS Address: 2268 MARTHASVILLE Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/28/2017	LIBRARIAN	<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	50	
JOHN Last Name: FARMER Address: 1781 SILVER HILL Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/28/2017	RETIRED	<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	100	
HENRY & CONNIE Last Name: HENRY Address: 1637 HOWELL HIGHLANDS Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/28/2017	ENGINEERS-OWNER S	<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	100	

Itemized Contributions Page Total \$ 270.00 \$

* 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

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 RONNIE & JEAN Last Name WEATHERS Address 4915 LAKE FRONT CT Address2 City LILBURN State GA Zip 30047 Aff. Comm.	Date 09/25/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation RETIRED Employer 	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description
First Name or Business Name ED PUCKO Last Name RICK DOCK Address 1915 MUSKET COURT Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/25/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation MANAGER Employer PRINCE OF PEACE LUTHERAN	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description
First Name or Business Name JIM & PAULA Last Name GREGORY Address 5157 PATRIOT DR Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 09/25/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation DOCTOR Employer SELF-EMPLOYED	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value Description

Itemized Contributions Page Total \$ 300 \$ _____

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
ANGIE Last Name: BURNETT Address: 2446 SPENCERS WAY Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/18/2017	ATTORNEY Employer: ALSTON BYRD	<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	100	
					Description
KAREEM Last Name: MADDISON Address: 115 W PEACHTREE NW Address2: City: ATLANTA State: GA Zip: 30313 Aff. Comm.:	09/18/2017	ATTORNEY Employer: LUJEDER LARKIN & HUNTER	<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	200	
					Description
RUTHHANN Last Name: LACEY Address: 5745 REDCOAT RUN Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:	09/18/2017	ATTORNEY Employer: RUTHANN LACEY PC	<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	250	
					Description
MARTY Last Name: BRYAN Address: 4862 FORESTGLADE CIRCLE Address2: City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.:		RETIRED Employer:	<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		50 MEET & GREET
					Description: CATERING
Itemized Contributions Page Total \$				550.00	50.00

* 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	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
LISA Last Name: KHEMANI Address: 4896 HUGH HOWELL ROAD	09/27/2017		<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	500	
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.					
LISA Last Name: KHEMANI Address: 48896 HUGH HOWELL ROAD	09/27/2017		<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		108.00
Address2	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description: CATERING-STRATEGY MEETING
City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.					
STANLEY Last Name: HARPER Address: 2283 MARTHASVILLE CT	09/28/2017		<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		660.00
Address2	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description: CATERING-OPEN HOUSE
City: SMOKE RISE State: GA Zip: 30087 Aff. Comm.					
JENN Last Name: SOLTYS Address: 1206 RICHMOND ST	09/18/2017	DIPLOMAT	<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	150	
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer: US GOVERNMENT			Description
City: PITTSBURG State: PA Zip: 15218 Aff. Comm.					
Itemized Contributions Page Total \$				650.00	768.00

* 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

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 LOUISE Last Name JOYNER Address 2173 SPENCERS WAY Address2 City SMOKE RISE State Zip GA 30087 Aff. Comm.	Date 09/27/2017	Occupation RESTAURANTEUR Employer LOJOY FOODS	<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. 25	Est. Value Description	
First Name or Business Name JAMES Last Name RHODEN Address 16452 POWERS FERRY ROAD SE Address2 City MARIETTA State Zip GA 30067 Aff. Comm.	Date 09/27/2017	Occupation REALTOR=OWNER Employer THE MACALLAN GROUP LLC		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250	Est. Value Description
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	Date 	Occupation Employer 			<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.

Itemized Contributions Page Total \$ 225.00 \$ _____

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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.) PATRICIA	1. 8/19/17	First Name FRIENDS OF PAT SOLTYS	1. CAMPAIGN COMMITTEE
Lender Last Name SOLTYS	2. 187.96	Last Name N/A	2. N/A
Address P O BOX 2340	3. <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	Address P O BOX 2340	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City SMOKE RISE		City SMOKE RISE	
State GA Zip 30087		State GA Zip 30087	
Lender Name (First Name, Business, Inst.) PATRICIA	1. 9/12/17	First Name FRIENDS OF PAT SOLTYS	1. CAMPAIGN
Lender Last Name SOLTYS	2. 191.96	Last Name N/A	2. N/A
Address P O BOX 2340	3. <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	Address P O BOX 2340	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City SMOKE RISE		City SMOKE RISE	
State GA Zip 30087		State GA Zip 30087	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$ 379.92

* 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.) PATRICIA	1. 8/29/17	First Name FRIENDS OF PAT SOLTYS	1. CAMPAIGN COMMITTEE
Lender Last Name SOLTYS	2. 854.75	Last Name N/A	2. N/A
Address P O BOX 2340	3. <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	Address P O BOX 2340	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City SMOKE RISE		City SMOKE RISE	
State GA Zip 30087		State GA Zip 30087	
Lender Name (First Name, Business, Inst.) PATRICIA	1. 9/7/17	First Name FRIENDS OF PAT SOLTYS	1. CAMPAIGN COMMITTEE
Lender Last Name SOLTYS	2. 854.75	Last Name N/A	2. N/A
Address P O BOX 2340	3. <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	Address P O BOX 2340	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City SMOLE RISE		City SM OKE RISE	
State GA Zip 30087		State GA Zip 30087	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$ 1709.50

* 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 AMAZON Last Name Address Address2 City State Zip		Date 09/12/2017	Occupation Employer	1963430-SIGN STAKES 3025854-SIGN STAKES 6112204-SIGN STAKES AMEX	379.92
		<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			
First Name ZOO PRINTING Last Name Address 5700 BANDINI BLVD Address2 City COMMERCE State CA Zip 90040		Date 08/29/2017	Occupation Employer	4006241-PRINTING 4020702-PRINTING AMEX	1709.50
		<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			
First Name FERNCLIFF CATERERS Last Name Address 2283 MARTHASVILLE COURT Address2 City SMOKE RISE State GA Zip 30087		Date	Occupation Employer	CATERING-OPEN HOUSE	75.00
		<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			

Page Total \$ 2164.42

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

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N/A

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date	Occupation		
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		
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		
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		
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 \$ 0

Public Officer/Candidate/Other Than Candidate Committee Name

FRIENDS OF PAT SOLTYS

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

1. Investment Name N/A		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

2. Investment Name		Account #
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____		Value at beginning of reporting period \$
		Value at end of reporting period \$
		Difference in value \$
		Interest Paid Out \$
		Cash Dividends \$

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

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

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State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

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

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