

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

<p>1. Report Type (Select One)</p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p>2. Filing is being made on behalf of (Select One):</p> <p>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></p> <p>Filer ID <u>C2017000869</u> <small>(Filer ID that begins with the letter "C")</small></p> <p>Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earlier of Post Mark or Hand Delivered Date</p> <p align="center" style="font-size: 2em; color: blue;">BW</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">10/24/2017</div>
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3. Identifying and Contact Information

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

(3) P O BOX 2340 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)	<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)
<p>Supplemental Reporting</p> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)			

*Persons leaving office with excess funds until such funds are expended as provided in the Act
 *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)

State of GEORGIA County of DEKALB

I, PATRICIA E SOLTYS, being duly sworn (affirm) 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 26, October, 2017

Signature of Notary Public

04/24/21

Commission Expiration

Signature of Candidate
 Organization/Chairperson/Treasurer

CFC-CCDR 1/14

**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.	818.00	12664.42
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	1050.00	1376.00
3a	All loans received this reporting period.		1041.42
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	1050.00	2417.42
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	1868.00	15081.84

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	2164.42
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		2083.64
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		
11	Total expenditures reported this period. (Line 9 + 10)		2083.64
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		4248.06

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)		10833.78
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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.	2164.42
2	Loans received this reporting period.	1041.42
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)	3205.84
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	Occupation & Employer			Estimated Value
	Contribution Type*	Employer			Description
First Name or Business Name SUSAN Last Name GILBERT Address 5175 MOUNTAIN SHADOW Address2 City SMOKE RISE State GA Zip 30087 Alt. Comm.	Date Date <input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Owner - Apogee Employer Apogee Interactive	<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 50.00	Description MEET AND GREET
First Name or Business Name MOIRA Last Name WALDREN Address 2106 SILVERSMITH Address2 City SMOKE RISE State GA Zip 30087 Alt. Comm.	Date Date <input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Homemaker Employer none	<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 50.00	Description MEET AND GREET
First Name or Business Name MARTY Last Name BRYANT Address Address2 City STONE MOUNTAIN State GA Zip 30087 Alt. Comm.	Date Date <input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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. Est. Value 50.00	Description MEET AND GREET

Itemized Contributions Page Total \$ _____ \$ 150.00

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
STEPHAN	10/17/2017	DEVELOPER	<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	(1,000.00)	
Last Name MCCAULEY					
Address 2970 PEACHTREE ROAD, NW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer MCCAULEY INVESTMENTS			
City ATLANTA	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30305	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
JERRY	10/17/2017	CIVIL ENGINEER	<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	(200.00)	
Last Name SILVIO					
Address 6468 KENTUCKY STREET					
Address2	<input checked="" type="checkbox"/> Monetary	Employer SILVIO DEVELOPMENTS			
City SCOTTDAL	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30079	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
CASH	10/15/2017		<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	26.00	
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				
Aff. Comm.					
NORMAN	09/20/2017	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	100.00	
Last Name DELONG					
Address 1836 MOUNTAIN SHADOW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30087	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total				\$ (1074.00)	\$

* 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 MARSHA Last Name PITTARD Address 2146 SPENCERS WAY 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 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. 100.00	Est. Value Description	
First Name or Business Name ABDUL Last Name AHMED Address 2424 SPENCERS WAY Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 10/01/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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. 100.00	Est. Value Description
First Name or Business Name ANNETTE Last Name VALLECILLIO Address 1896 MOUNTAIN CREEK CR Address2 City SMOKE RISE State GA Zip 30087 Aff. Comm.	Date 10/05/2017 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	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. 50.00

Itemized Contributions Page Total \$ 250.00 \$ _____

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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
MARION		10/05/2017	Retired			100.00
Last Name CORNETT JR						
Address 1886 MOUNTAIN CREEK DR						
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				
Aff. Comm.						
JANET		10/11/2017			100.00	
Last Name MOSELEY						
Address 5457 HUGH HOWELL ROAD						
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				
Aff. Comm.						
KATHRINE		10/12/2017	Fitness Instructor		50.00	
Last Name FARRELL						
Address 295 NIMBLEWILL WAY SW						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City SMOKE RISE		<input type="checkbox"/> In-Kind	Self Employed			
State GA		<input type="checkbox"/> Common Source				
Zip 30087		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
MAC		10/15/2017	Engineer		50.00	
Last Name WILLETT						
Address 2323 GRAIN MEADOW LANE						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City SMOKE RISE		<input type="checkbox"/> In-Kind	Willett Engineering			
State GA		<input type="checkbox"/> Common Source				
Zip 30087		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
Itemized Contributions Page Total					\$ 300.00	\$

* 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
JONATHAN CARR 5035 PATRIOT DRIVE SMOKE RISE, GA 30087	10/24/2017	PHARMACIST CARR PHARMACY	<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	
ETHLYN CLARK AND VIRGINIA GRAHAM 2243 GRAIN MEADOW SMOKE RISE, GA 30087		TEACHER 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		200.00
CHRISTENSEN 5180 ANTELOPE LANE SMOKE RISE, GA 30087		GENERAL CONTRACTOR 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		150.00
JACK AND BARBARA GETZ SMOKE RISE, GA 30087		ADMINISTRATOR SALVATION ARMY	<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		50.00
Itemized Contributions Page Total \$				250.00	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 GEORGE AND MARY ELLEN	Date 	Occupation PROFESSORS	<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 100.00
Last Name DAVIS					Description MEET AND GREET
Address 2017 GUNSTOCK					
Address2					
City SMOKE RISE State GA Zip 30087 Aff. Comm.					
First Name or Business Name HARRY	Date 	Occupation 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	Cash Amt. 	Est. Value 400.00
Last Name STRACK					Description
Address 6015 ANTEBELLUM DRIVE					
Address2					
City STONE MOUNTAIN State GA Zip 30087 Aff. Comm.					
First Name or Business Name HARRY	Date 10/24/2017	Occupation 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	Cash Amt. 50.00	Est. Value
Last Name STRACK					Description
Address 6015 ANTEBELLUM DRIVR					
Address2					
City TUCKER State GA Zip 30087 Aff. Comm.					

Itemized Contributions Page Total \$ 50.00 \$ 500.00

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
BOB	09/30/2107	MORTGAGE OFFICER	<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	250.00	
Last Name BREGITZER					
Address 1806 LEIDEN COURT					
Address2	<input checked="" type="checkbox"/> Monetary	Employer FIDELITY BANK			
City DUNWOODY	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30338	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
BONNIS AND GARY	10/07/2017	IT	<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	100.00	
Last Name NAKASHIAN					
Address 5551 LEATHERSTOCKING LANE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer CDC			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30087	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
ANTOINETTE	10/18/2017	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	100.00	
Last Name BLOUNT					
Address 2150 SPENCERS WAY					
Address2	<input checked="" type="checkbox"/> Monetary	Employer BLITE INVESTMENTS			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30087	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
BONNIE	10/17/2017	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	100.00	
Last Name EVANS					
Address 1954 MUSKET LANE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City SMOKE RISE	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30087	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

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

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
JIM	10/24/2017	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	20.00	
Last Name FEAGLE					
Address 1807 CHEDWORTH					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City SMOKE RISE	<input type="checkbox"/> In-Kind	SELF-EMPLOYED			
State GA	<input type="checkbox"/> Common Source				
Zip 30087	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
JEFF	10/22/2017	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	1000.00	
COLEMAN					
5502 OAKWOOD DRIVE					
SMOKE RISE	<input checked="" type="checkbox"/> Monetary	RETIRED			
GA	<input type="checkbox"/> In-Kind				
30087	<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		
	<input 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 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		
	<input type="checkbox"/> Monetary				
	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 1050.00 \$

* 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.) PATRICIA	1. 10/07/2017	First Name FRIENDS OF PAT SOLTYS	1.
Lender Last Name SOLTYS	2. 430.12	Last Name	2.
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	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City TUCKER		City	
State GA Zip 30085		State Zip	
Lender Name (First Name, Business, Inst.) PATRICIA	1. 9/28/2017	First Name FRIENDS OF PAT SOLTYS	1.
Lender Last Name SOLTYS	2. 75.00	Last Name	2.
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	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City TUCKER		City	
State GA Zip 30085		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ 505.12	

* 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-CU'DK 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. 10/26/2017	First Name FRIENDS OF PAT SOLTYS	1.
Lender Last Name SOLTYS	2. 379.30	Last Name	2.
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	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City TUCKER		City	
State GA Zip 30085		State Zip	
Lender Name (First Name, Business, Inst.) PATRICIA	1. 9/28/2017	First Name FRIENDS OF PAT SOLTYS	1.
Lender Last Name SOLTYS	2. 49.00	Last Name	2.
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	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City TUCKER		City	
State GA Zip 30085		State Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$ 428.30

* 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. 10/05/2017	First Name FRIENDS OF PAT SOLTYS	1.
Lender Last Name SOLTYS	2. 108.00	Last Name	2.
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	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City TUCKER		City	
State GA Zip 30085		State Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)			Loan Page Total \$ <u>108.00</u>

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)
 ** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 *** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR/H

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 SMOKE RISE COUNTRY CLUB		Date 09/22/2017	Occupation 	LAUNCH PARTY	693.36				
Last Name									
Address 4900 CHEDWORTH DRIVE									
Address2									
City STONE MOUNTAIN		<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 						
State	Zip								
First Name MINUTEMAN PRESS						Date 10/19/2017	Occupation 	PRINTING - FLYERS	348.86
Last Name									
Address 1861 MOUNTAIN INDUSTRIAL BLVD									
Address2									
City TUCKER		<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 						
State	Zip								
First Name SPEEDY BUTTONS						Date 09/27/2017	Occupation 	INV 8884900263 CAMPAIGN BUTTONS	379.30
Last Name									
Address ONLINE									
Address2									
City 		<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 						
State	Zip								

Page Total \$ **1421.52**

* 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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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name USPS - TUCKER		Date 09/30/2017	Occupation	POSTAGE	49.00
Last Name					
Address		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name STAPLES					
Last Name					
Address HUGH HOWQELL ROAD		<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 TUCKER					
State GA	Zip 30084				
First Name TASTE OF TUCKER					
Last Name					
Address		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City TUCKER					
State GA	Zip 30084				
First Name GENTILE SALES					
Last Name					
Address LAWRENCEVILLE 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 TUCKER					
State GA	Zip 30084				

* 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 \$ 662.12

CFC-CCDR 1/14

State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name NONE	Account #
Institution/Person Holding Account _____ Mailing Address <u>P O BOX 2340</u> _____ 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 \$
	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

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