

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type (Select One) <input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of: (Select One) Candidate or Public Official Office Held or Sought <u>Macon Bibb Mayor</u> (Include county, municipality, district, post, or judicial circuit) Filer ID _____ Report of Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID _____	Filing office use Only Use Earlier of Post Mark or Hand Delivered Date
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3. Identifying and Contact Information

(1) Larry Schlesinger (2) 07/08/2019
Full Name of Candidate or Other Than Candidate Campaign Committee *Today's Date*

(3) 941 Park Place Macon GA 31204
Mailing Address *City* *State* *Zip Code*

(4) _____ and / or larryformacon@bellsouth.net
Primary Contact Phone Number *E-Mail*

(5) If a Candidate or Public Official, is there campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports? Yes No

(6) If so, is the Committee registered with the State Ethics Commission? Yes No

(7) If so, complete the following:
_____ _____
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 Elections <small>(Report required only if you are in a Special Election)</small>
<input type="checkbox"/> January 31, 2019 (year) <input checked="" type="checkbox"/> June 30, 2019 (year) Supplemental Reporting <input type="checkbox"/> June 30, 2019 (year) <input type="checkbox"/> Dec. 31, 2019 (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, 2019 (year) <input type="checkbox"/> March 31, 2019 (year) <input type="checkbox"/> June 30, 2019 (year) <input type="checkbox"/> September 30, 2019 (year) <input type="checkbox"/> October 25, 2019 (year) <input type="checkbox"/> Dec. 31, 2019 (year)	<input type="checkbox"/> 6 days before Primary Run-Off, 2019 (year) <input type="checkbox"/> 6 days before General Run-Off, 2019 (year) <input type="checkbox"/> 6 days before Special Primary Run-Off, 2019 (year) <input type="checkbox"/> 6 days before Special Run-Off, 2019 (year)	<input type="checkbox"/> 15 days before Special Primary, 2019 (year) <input type="checkbox"/> 15 days before Special, 2019 (year) <input type="checkbox"/> Dec. 31, 2019 (year)

Verification by Oath or Affirmation

State of Georgia County of Bibb

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

Sworn to and subscribed before me on July 8, 2019

Kay S. Cleveland 9/13/2021 [Signature]
 Signature of Notary Public Commission Expiration a. Signature of Candidate
 b. Organization/Chairperson/Treasurer



State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	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	\$62,045.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0.00	\$13,850.00
3a	All loans received this reporting period.		\$0.00
3b	Interest earned on campaign account this reporting period.		\$0.00
3c	Total amount of investments sold this reporting period.		\$0.00
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of less than \$100.00 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	\$380.00
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4).	\$0.00	\$14,230.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$0.00	\$76,275.00

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures report:	In-Kind Estimated Value	Cash Amount
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	\$6,178.83
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$12,874.98
10	Total amount of all separate expenditures of less than \$100.00 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	\$12,874.98
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$19,053.81

INVESTMENTS

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

TOTAL NET BALANCE ON HAND

15	Net Balance On Hand. (Line 6 - Line 12 + Line 14)		\$57,221.19
	SEEO Total		\$0.00

* 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.

Public Officer/Candidate/Other Than Candidate Committee Name Larry for Macon

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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 Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name / Business Name Paul Last Name Accettura Address 190 Lakeport Rd Address2 City Milledgeville State GA Zip 31061-7728 Aff. Comm.	Date 06/17/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Ackerman Wrecker Service Last Name Address 235 North St Address2 City Macon State GA Zip 31206-1023 Aff. Comm.	Date 05/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Vincent Last Name Amos Address 700 Highland Oaks Dr SW Address2 City Atlanta State GA Zip 30331-8081 Aff. Comm.	Date 04/29/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Director of IT/BD Employer CREC 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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total \$700.00 \$0.00

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 / Business Name Owen Last Name Aronov Address 3500 Eastern Blvd Address2 City Montgomery State AL Zip 36116-1781 Aff. Comm.	Date 05/15/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Owner Employer Aronov Realty	<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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$1,500.00	Est. Value \$0.00 Description
First Name / Business Name Larry Last Name Auerbach Address 1035 Robin Ln NE Address2 City Atlanta State GA Zip 30306-3056 Aff. Comm.	Date 06/14/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Sandra Last Name Butler Address 204 Avondale Cir Address2 City Warner Robins State GA Zip 31088-1523 Aff. Comm.	Date 06/29/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Unemployed Employer Unemployed	<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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$1,700.00

\$0.00

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.
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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 / Business Name Jimmy Last Name Cassidy Address 501 College St Address2 City Macon State GA Zip 31201-7439 Aff. Comm.	Date 06/26/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation dentist Employer James L. Cassidy DDS Pa	<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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Ellen M. Last Name Cohen Address 407 Carrington Cir Address2 City Macon State GA Zip 31210-2188 Aff. Comm.	Date 06/12/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation REtired Employer 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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Neil/Ethel Last Name Cullinan Address 155 N Wellington Address2 City Macon State GA Zip 31210-2186 Aff. Comm.	Date 06/26/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$400.00

\$0.00

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 / Business Name Jim Last Name Davis Address 1350 Waverland Dr Address2 City Macon State GA Zip 31211-1324 Aff. Comm.	Date 06/12/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation CEO Employer Davis Consulting	<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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00 Description
First Name / Business Name Camilla Last Name Dawson Address 2825 N Hillandale Cir Address2 City Macon State GA Zip 31204-1981 Aff. Comm.	Date 06/26/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Douglas Last Name Dozier Address 4628 Saint Anne Ct Address2 City Macon State GA Zip 31210-4731 Aff. Comm.	Date 06/26/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$800.00

\$0.00

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 / Business Name Arnold Last Name Feinstein Address 1740 Hummingbird Ln NE Address2 City Atlanta State GA Zip 30307-1258 Aff. Comm.	Date 05/20/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00 Description
First Name / Business Name Andrew Last Name Glasser Address 460 Summerfield Dr Address2 City Alpharetta State GA Zip 30022-4837 Aff. Comm.	Date 05/29/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer Glasser and Schaeffer	<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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Paul Last Name Griffin Address 916 Park Pl Address2 City Macon State GA Zip 31201-2135 Aff. Comm.	Date 03/27/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Web Development Employer Self	<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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$250.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$550.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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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 / Business Name Warren & Joan Last Name Griffin Address 4661 Rivoli Dr Address2 City Macon State GA Zip 31210-4412 Aff. Comm.	Date 06/03/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician Employer Retired physician	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Paul Last Name Hart Address 5064 Wesleyan Woods Dr Address2 City Macon State GA Zip 31210-4121 Aff. Comm.	Date 06/03/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Businessman 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$250.00	Est. Value \$0.00 Description
First Name / Business Name Katherine Walden Interiors Last Name Address 933 Walnut St Address2 City Macon State GA Zip 31201-1918 Aff. Comm.	Date 05/06/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$850.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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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 / Business Name David Last Name Kent Address 160 Glencagles Cir Address2 City Macon State GA Zip 31210-2943 Aff. Comm.	Date 04/30/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician Employer Self	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Steve Last Name Labovitz Address 5655 Glen Errol Rd Address2 City Atlanta State GA Zip 30327-4853 Aff. Comm.	Date 04/25/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer Denton	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00 Description
First Name / Business Name Eleanor Last Name Lane Address 144 Pierce Ave Address2 City Macon State GA Zip 31204-2860 Aff. Comm.	Date 05/15/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Therapist Employer Self	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$400.00

\$0.00

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.
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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 / Business Name Jules Last Name Lefcovitz Address 7314 Town Walk Dr Address2 City Hamden State CT Zip 06518-3714 Aff. Comm.	Date 06/17/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Owner Employer Community Planners 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Teresa M.. Last Name Luhrs Address 1167 Bond St Address2 City Macon State GA Zip 31201-1602 Aff. Comm.	Date 05/15/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician Employer Women's for Women's Health	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Macon Hockey, LLC Last Name Address 200 Coliseum Dr Address2 City Macon State GA Zip 31217-3806 Aff. Comm.	Date 03/19/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$1,000.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$1,200.00

\$0.00

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

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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 / Business Name Rick Last Name Maier Address 1296 Man O War Ln Address2 City Macon State GA Zip 31210-7407 Aff. Comm.	Date 03/15/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation VP Employer Wesleyan College	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00 Description
First Name / Business Name Bill M. Last Name Matthews Address 104 Maimont Cir Address2 City Macon State GA Zip 31210-4148 Aff. Comm.	Date 04/30/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Gary Last Name Mendelson Address 3122 Egans Bluff Rd Address2 City Fernandina Beach State FL Zip 32034-5224 Aff. Comm.	Date 03/19/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$400.00

\$0.00

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 / Business Name Terry Last Name Miller Address 6822 Woodcreek Ln Address2 City Douglasville State GA Zip 30135-1680 Aff. Comm.	Date 06/07/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Architect Employer Miller Architecture and Planning	<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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00
First Name / Business Name Milton P Last Name Moore Address 113 Howard Oaks Dr Address2 City Macon State GA Zip 31210-7316 Aff. Comm.	Date 06/12/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation General Contractor Employer Self	<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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00
First Name / Business Name Rex Last Name Odom Address 248 Heatherwood Drive Address2 City Macon State GA Zip 31210 Aff. Comm.	Date 06/12/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Minister Employer Heritage UMC	<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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$50.00	Est. Value \$0.00

Itemized Contribution Page Total

\$350.00

\$0.00

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 / Business Name Samuel Last Name Olens Address 1788 Chadds Lake Dr NE Address2 City Marietta State GA Zip 30068-1610 Aff. Comm.	Date 04/01/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation attorney Employer Dentons	<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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Mufid & Aida Last Name Othman Address PO Box 26970 Address2 City Macon State GA Zip 31221-6970 Aff. Comm.	Date 05/05/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician Employer Kidney Center of Central Georgia	<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 2019 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$2,500.00	Est. Value \$0.00 Description
First Name / Business Name Hughes Last Name Pinson Address 684 Richmond Hill Ct Address2 City Macon State GA Zip 31210-2952 Aff. Comm.	Date 03/19/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation President Employer Renasant Bank	<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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$3,100.00

\$0.00

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 / Business Name Jack W. Last Name Poole Address PO Box 27111 Address2 City Macon State GA Zip 31221-7111 Aff. Comm.	Date 06/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation n/a Employer 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name W. Patrick Last Name Roche Address 1605 Rembert Ave Address2 City Macon State GA Zip 31201-6619 Aff. Comm.	Date 05/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician Employer MErcer	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$200.00	Est. Value \$0.00 Description
First Name / Business Name Mark Last Name Rosenberg Address 972 Oakdale Rd NE Address2 972 Oakdale Rd NE City Atlanta State GA Zip 30307-1272 Aff. Comm.	Date 06/26/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Physician Employer Rosenberg Physicianphotography	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$400.00

\$0.00

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 / Business Name S&S Cafeteria Last Name Address PO Box 4688 Address2 City Macon State GA Zip 31208-4688 Aff. Comm.	Date 06/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer 2020 <input type="checkbox"/> Associated with a regulated entity	<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. \$500.00	Est. Value \$0.00
First Name / Business Name Gary Last Name Simson Address 1180 Oakcliff Rd Address2 City Macon State GA Zip 31211-1330 Aff. Comm.	Date 06/12/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Professor Employer Mercer Law School 2020 <input type="checkbox"/> Associated with a regulated entity	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$100.00	Est. Value \$0.00
First Name / Business Name Reeta Last Name Sreeram Address 760 Saint Andrews Dr Address2 City Macon State GA Zip 31210-4763 Aff. Comm.	Date 05/15/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Information Requested Employer Information Requested 2020 <input type="checkbox"/> Associated with a regulated entity	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250.00	Est. Value \$0.00

Itemized Contribution Page Total

\$850.00

\$0.00

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 / Business Name Wallace Last Name Storey Address 3036 Tiffin Cir Address2 City Macon State GA Zip 31204-1035 Aff. Comm.	Date 06/01/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Mark Last Name Thompson Address 956 Walnut St Address2 City Macon State GA Zip 31201-1919 Aff. Comm.	Date 06/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Information Requested Employer Information Requested	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name William Leonard Last Name Thompson Address 956 Walnut St Address2 City Macon State GA Zip 31201-1919 Aff. Comm.	Date 06/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Information Requested Employer Information Requested	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$1,100.00

\$0.00

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 / Business Name Mark Last Name Van Cil Address 1832 Twin Pines Dr Address2 Twin Pines Drive City Macon State GA Zip 31211-1238 Aff. Comm.	Date 06/21/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Antique Dealer 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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name James Last Name Weatherford Address 103 Alfred Bond Dr Address2 City Macon State GA Zip 31217-8306 Aff. Comm.	Date 06/27/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Manager Employer Crown Candy Corporation	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description
First Name / Business Name Steven Last Name Wertheim Address 70 Old Stratton Chase Address2 City Atlanta State GA Zip 30328-3652 Aff. Comm.	Date 05/28/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation md Employer resurgens	<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 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$250.00	Est. Value \$0.00 Description

Itemized Contribution Page Total

\$450.00

\$0.00

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 / Business Name Tom B Last Name Wight Address 954 Park Pl Address2 City Macon State GA Zip 31201-2135 Aff. Comm.	Date 05/08/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Chief Financial Officer Employer Mulberry Street 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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Jo Slade Last Name Wilbanks Address 131 Westchester Dr Address2 City Macon State GA Zip 31210-7523 Aff. Comm.	Date 05/06/2019 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer 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 2020 <input type="checkbox"/> Associated with a regulated entity	Cash Amt. \$100.00	Est. Value \$0.00 Description

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name CODEC Last Name Address 2908 Lakeshore Dr Address2 City Macon State GA Zip 31217-5015	Date 04/18/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Video PRoduction	\$1,000.00
First Name CODEC Last Name Address 2908 Lakeshore Dr Address2 City Macon State GA Zip 31217-5015	Date 04/25/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Video Production	\$680.00
First Name Egg Media Salient Interactive Solutions Last Name Address PO Box 5550 Address2 City Macon State GA Zip 31208-5550	Date 03/04/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Website	\$85.00

Page Total \$1,765.00

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment, Payment on Deferred Expense, Investment)

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lisenby & Associates Last Name Address 777 Walnut St Address2 City Macon State GA Zip 31201-2641	Date 03/11/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Business Filing	\$180.00
First Name Panaprint Last Name Address 7979 NE Industrial Blvd Address2 City Macon State GA Zip 31216-7742	Date 02/04/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Printing	\$833.53
First Name Panaprint Last Name Address 7979 NE Industrial Blvd Address2 City Macon State GA Zip 31216-7742	Date 04/03/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Printing	\$609.19

Page Total \$1,622.72

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment, Payment on Deferred Expense, Investment)

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Panaprint Last Name Address 7979 NE Industrial Blvd Address2 City Macon State GA Zip 31216-7742	Date 04/03/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Printing	\$472.94
First Name Panaprint Last Name Address 7979 NE Industrial Blvd Address2 City Macon State GA Zip 31216-7742	Date 04/29/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Printing	\$87.32
First Name Walter Last Name Timley Address 4402 Wolf Creek Dr Address2 City Macon State GA Zip 31210-5516	Date 05/31/2019 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Business Owner Employer Self	Campaign Signs	\$1,500.00

Page Total \$2,060.26

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment, Payment on Deferred Expense, Investment)

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.

(This area is intentionally left blank for the Addendum Statement.)