

CFC-CCDR

07/20

Campaign Contribution Disclosure Report
Georgia Government Transparency and Campaign Finance Commission
 200 Piedmont Avenue S.E. | Suite 1416 West Tower Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type <small>(Select One)</small> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment <small>Amendment # _____</small>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought: <u>Alpharetta City Council - Pos: 4</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID: _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Friends of John Hipes, Inc</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earliest of Post Mark or Hand-Delivered Date <div style="border: 2px solid blue; padding: 5px; display: inline-block; font-size: 1.2em; font-weight: bold;">1/31/2023</div>
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3. Identifying and Contact Information

(1) John D Hipes / Friends of John Hipes, Inc (2) 12/18/2022
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 178 S. Main Street, Suite 250, Alpharetta, GA 30009
Mailing Address City State Zip Code

(4) (770) 664-6699 and/ or jhipos@fbllawfirm.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: John Hipes | Karen Hipes
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

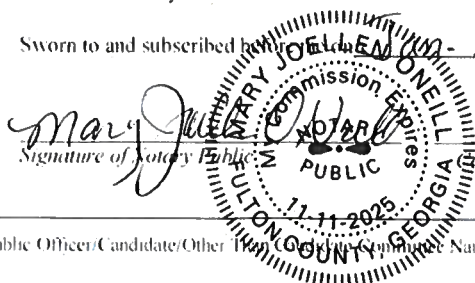
My Non-Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input checked="" type="checkbox"/> January 31, <u>2023</u> (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)			

*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34.

State of GEORGIA County of FULTON

I, JOHN HIPES, 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 31 day of 2023



Mary Joellen O'Neill
 Signature of Notary Public

11-11-2025
 Commission Expiration

John Hipes
 a. Signature of Candidate
 b. Organization Chairperson Treasurer

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	I have no contributions to report. <input 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.		3159.39
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		
3a	All loans received this reporting period.		10000.00
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)		
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		13159.39
EXPENDITURES MADE			
7	<input checked="" type="checkbox"/> I have no expenditures to report. <input 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
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		1500.00
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)		1500.00
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		1500.00
INVESTMENTS			
13	Total value of investments held at the beginning of this reporting period.		
14	Total value of investments held at the end of this reporting period.		
TOTAL NET BALANCE ON HAND			
15	Net balance on hand. (Line 6 - 12 + 14)		11659.39

* O.C.G.A. 21-5-3(b) 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>2023</u>	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		0.00
2	Loans received this reporting period.		10000.00
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)		10000.00
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

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 Received Date Contribution Type*	Occupation & Employer Occupation	Election Cycle**	Cash Amount	In-Kind Contributions Estimated Value Description
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
Address					
Address2					
City					
State Zip					
Aff. Comm.					
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
Address					
Address2					
City					
State Zip					
Aff. Comm.					
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
Address					
Address2					
City					
State Zip					
Aff. Comm.					

Itemized Contributions Page Total \$ 0.00 \$ 0.00

First Name or Business Name	Date	Occupation	Cash Amt	Est. Value
Last Name				
Address				
Address2	<input type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
State	Zip	<input type="checkbox"/> Common Source		
Aff. Comm	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt	Est. Value
Last Name				
Address				
Address2	<input type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
State	Zip	<input type="checkbox"/> Common Source		
Aff. Comm	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt	Est. Value
Last Name				
Address				
Address2	<input type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
State	Zip	<input type="checkbox"/> Common Source		
Aff. Comm	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt	Est. Value
Last Name				
Address				
Address2	<input type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
State	Zip	<input type="checkbox"/> Common Source		
Aff. Comm	<input type="checkbox"/> Credit Received on Loan			
Itemized Contributions Page Total			\$ 0.00	\$ 0.00

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

REC-CDR 0015

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.) John		1. 1/31/2023	First Name Friends of John Hipes, Inc.		1. Campaign Committee
Lender Last Name Hipes		2. 10000.00	Last Name		2.
Address 12295 Dancliff Trace		3. <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Address 178 S. Main Street		3. <input checked="" type="checkbox"/> Public Officer
Address2		<input type="checkbox"/> Special	Address2 Suite 250		<input type="checkbox"/> Candidate
City Alpharetta		<input type="checkbox"/> Special Primary	City Alpharetta		<input type="checkbox"/> Other Than Candidate Committee Name
State <small>GA</small> Zip <small>30107</small>		<input type="checkbox"/> Run-Off Primary	State <small>GA</small> Zip <small>30107</small>		
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	Address		3. <input type="checkbox"/> Public Officer
Address2		<input type="checkbox"/> Special	Address2		<input type="checkbox"/> Candidate
City		<input type="checkbox"/> Special Primary	City		
State Zip		<input type="checkbox"/> Run-Off Primary	State Zip		
		<input type="checkbox"/> Run-Off General			
		<input type="checkbox"/> Run-Off Special			
		<input type="checkbox"/> Run-Off Special Primary			
Reference: OCGA § 21-5-34(b)(1)					Loan Page Total \$ 10000.00

* 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

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 New Prospect Strategies, LLC Last Name	Date 1/31/2023	Occupation Campaign consultant	Consulting services	1500.00
Address 44 Milton Avenue Address2 Suite 127 City Alpharetta State GA Zip 30009	<input checked="" type="checkbox"/> Expenditure 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 New Prospect Strategies, LLC		
First Name Last Name	Date	Occupation		
Address Address2 City State Zip	<input type="checkbox"/> Expenditure 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		
First Name Last Name	Date	Occupation		
Address Address2 City State Zip	<input type="checkbox"/> Expenditure 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		

Page Total \$ **1500.00**

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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name	Date			Occupation	
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name	Date			Occupation	
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name	Date			Occupation	
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name	Date			Occupation	
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name	Date			Occupation	
Last Name					

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer Candidate Other Than Candidate Committee Name Page Total \$ 0.00

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name _____		Account # _____			
Institution Person Holding Account _____		Value at beginning of reporting period \$ _____			
Mailing Address _____		Value at end of reporting period \$ _____			
Address2 _____		Difference in value \$ _____			
City _____ State _____ Zip _____		Interest Paid Out \$ _____			
		Cash Dividends \$ _____			
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
2. Investment Name _____		Account # _____			
Institution Person Holding Account _____		Value at beginning of reporting period \$ _____			
Mailing Address _____		Value at end of reporting period \$ _____			
Address2 _____		Difference in value \$ _____			
City _____ State _____ Zip _____		Interest Paid Out \$ _____			
		Cash Dividends \$ _____			
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
<u>Total value of investments at beginning of reporting period \$</u>		Page Total Cash Dividends: \$ _____			
<u>Total value of investments at end of reporting period \$</u>		Page Total Interest Paid Out: \$ _____			
<u>Total difference in value \$</u>		Page Total Profit: \$ _____			
		Page Total Loss: \$ _____			

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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.