

CFC-CCDR 1/14

4/14

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 type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>2</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Alpharetta City Council Post 4</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand Delivered Date <div style="border: 1px solid black; width: 100px; height: 30px;"></div>
	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>	

3. Identifying and Contact Information

- (1) John D. Hipes / Friends of John Hipes, Inc. (2) 06/30/2023
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date
- (3) 178 S. Main Street, Suite 250, Alpharetta Alpharetta GA 30009
Mailing Address City State Zip Code
- (4) (770) 664-6699 and/ or jhipes@hbilawfirm.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

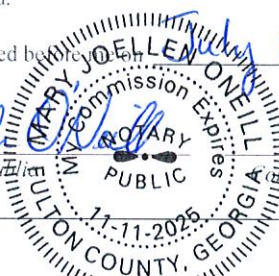
My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2023</u> (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)	<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>		

State of GeorgiaCounty 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 July 5, 2023

Mary Joellen O'Neill
 Signature of Notary Public



11-11-25
 Commission Expiration

John Hipes
 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.		\$36520.08
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$300	\$7530
3a	All loans received this reporting period.		\$5000
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.		\$600
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$300	\$13130
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$300	\$49650.08

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.		\$2026.82
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		\$921.75
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		\$125.97
11	Total expenditures reported this period. (Line 9 + 10)		\$1047.72
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		\$3074.54

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)		\$46575.54
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>General</u> Election Year: <u>2023</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	\$20010
2	Loans received this reporting period.	\$5000
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)	\$25010
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		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value Description
First Name or Business Name Susan	Date 05/01/2023	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Hanna					
Address 1690 Broadwell Oaks					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30004	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name J. Thomas Salata, Atty at Law	Date 05/02/2023	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value
Last Name					
Address 178 S. Main Street					
Address2 Suite 250	<input checked="" type="checkbox"/> Monetary	Employer J. Thomas Salata, Atty at Law			Description
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30009	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Ethan	Date 05/03/2023	Occupation Attorney	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value
Last Name Underwood					
Address 8520 Woodland Brooke Trail					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Miles & Hansford			Description
City Cumming	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30028	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 1250 \$

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First Name or Business Name Scott		Date 05/03/2023	Occupation Financial advisor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1000	Est. Value
Last Name Jordan						
Address 7839 Chinquapin Ln						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Pinnacle Financial Partners			Description
City Cumming		<input type="checkbox"/> In-Kind				
State GA	Zip 30041	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Charlie		Date 05/03/2023	Occupation Insurance agent	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Schuetz						
Address 6860 Lullwater Road						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Integrity Insurance & Financial Services			Description
City Cumming		<input type="checkbox"/> In-Kind				
State GA	Zip 30040	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Michelle		Date 05/04/2023	Occupation Landscaping	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Coleman						
Address 555 Glen Hampton Drive						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Crabapple LandscapExperts			Description
City Alpharetta		<input type="checkbox"/> In-Kind				
State GA	Zip 30004	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Rex and Olivia		Date 05/03/2023	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Grizzle						
Address 1885 Mayfield Road						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Alpharetta		<input type="checkbox"/> In-Kind				
State GA	Zip 30004	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 1750					\$ _____	

* 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 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 Donna	Date 05/05/2023	Occupation Realtor	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Murphy					
Address 2227 Commerce Street					
Address2				<input checked="" type="checkbox"/> Monetary	Employer Donna Murphy Group
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30009	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Lloyd and Pat	Date 05/03/2023	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$300	Est. Value
Last Name Whittall					
Address 2610 Eldwick Drive					
Address2				<input checked="" type="checkbox"/> Monetary	Employer
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30009	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Daniel	Date 05/03/2023	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1000	Est. Value
Last Name Forehand					
Address 1405 Portmarnock Drive					
Address2				<input checked="" type="checkbox"/> Monetary	Employer
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30005	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 1550 \$

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First Name or Business Name Mary Kennon		Date 05/03/2023	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. \$1000	Est. Value
Last Name Lewis						
Address 715 Champions Close						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Milton		<input type="checkbox"/> In-Kind				
State GA	Zip 30004	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Chuck and Johnna		Date 05/03/2023	Occupation Director / State Representative	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$200	Est. Value
Last Name Martin						
Address 1560 Shade Tree Way						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Ryan / State of Georgia			Description
City Alpharetta		<input type="checkbox"/> In-Kind				
State GA	Zip 30009	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name t-Olive Properties, LLC		Date 05/03/2023	Occupation Contractor	<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. \$300	Est. Value
Last Name						
Address 14300 Providence Road						
Address2		<input checked="" type="checkbox"/> Monetary	Employer SAME			Description
City Milton		<input type="checkbox"/> In-Kind				
State GA	Zip 30004	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Ralph		Date 05/09/2023	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$300	Est. Value
Last Name Aguera						
Address 507 Haynesbrooke Walk						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Johns Creek		<input type="checkbox"/> In-Kind				
State GA	Zip 30022	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 1800						\$ _____

* 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 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 Ed	Date 05/12/2023	Occupation Insurance	<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. \$180	Est. Value
Last Name Gillman					
Address 225 Thompson Street					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Gillman Insurance Problem Solvers			Description
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30009	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Elizabeth	Date 06/18/2023	Occupation Teacher	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$1000	Est. Value
Last Name Perkins					
Address 4901 Hunters Oaks Lane					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Lovett School			Description
City Alpharetta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30009	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Jon	Date 05/03/2023	Occupation Musician	<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 \$300
Last Name Oswald					
Address 12537 Wexcroft Lane					
Address2	<input type="checkbox"/> Monetary	Employer SAME			Description
City Alpharetta	<input checked="" type="checkbox"/> In-Kind				Kickoff party music
State GA	<input type="checkbox"/> Common Source				
Zip 30009	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 1180 \$ 300

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Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.) John	1. 6/30/23	First Name Friends of John Hipes, Inc.	1. Campaign Committee
Lender Last Name Hipes	2. \$5000	Last Name	2.
Address 12295 Danclyff Trace	3. <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Address 178 S. Main Street	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address2 Suite 250	<input checked="" type="checkbox"/> Candidate
City Alpharetta	<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	City Alpharetta	<input type="checkbox"/> Other Than Candidate Committee Name
State GA Zip 30009		State GA Zip 30009	
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 <input type="checkbox"/> Special Primary	Address2	<input type="checkbox"/> Candidate
City	<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	City	<input type="checkbox"/> Other Than Candidate Committee Name
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ 5000	

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

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

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

CFC-CCDR1/14

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Fogon and Lions	Date 05/03/2023	Occupation Restaurant	Kickoff party	\$601.25
Last Name				
Address 10 Roswell Street	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 #100		Employer SAME		
City Alpharetta				
State GA Zip 30009				
First Name Appen Newspapers	Date 05/09/2023	Occupation Newspaper	Memorial Day Announcement	\$200
Last Name				
Address 319 North Main Street	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer SAME		
City Alpharetta				
State GA Zip 30009				
First Name Anedot	Date 06/30/2023	Occupation	Online donation processing fee	\$120.50
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			
Address2		Employer		
City				
State Zip				

Page Total \$ \$921.75

* 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		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2					
City					
State	Zip				

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

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Investments Statement

1. Investment Name	Account #
Institution/Person Holding Account _____ Mailing Address 178 S. Main Street, Suite 250, Alpharetta _____ Address2 _____ City _____ State _____ Zip _____	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

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

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

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

<u>Total value of investments at beginning of reporting period \$</u> <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
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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.