

CFC-CCDR

02/20

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 POST 2</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 Brian Will</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; padding: 5px; display: inline-block;">10/29/21</div>
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3. Identifying and Contact Information

(1) Brian Will (2) 10/29/2021
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 871 3rd Street Alpharetta GA 30009
Mailing Address City State Zip Code

(4) 770-633-2054 and/or brian.will@wr.org
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: Nina Bishop | Nina Bishop
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 type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input checked="" type="checkbox"/> October 25, <u>2021</u> (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i</small>		

State of Georgia County of Fulton

I, Brian Will, 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 10/29, 2021

Nina Bishop 11/29/24
Signature of Notary Public Commission Expiration

Nina Bishop
 NOTARY PUBLIC
 Cherokee County, GEORGIA
 My Commission Expires 11/29/2024
 a. [Signature] Signature of Candidate
 b. [Signature] Organization/Chairperson/Treasurer

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State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	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.	\$1,857	\$81,935
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		1,000.00
3a	All loans received this reporting period.		
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.		0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		\$1,000
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$1,857	\$82,935

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.		\$40,414.57
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		\$8,246.34
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	\$100	\$10.30
11	Total expenditures reported this period. (Line 9 + 10)		
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$100	\$48,671.21

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)		\$34,263.79
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

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State of Georgia Campaign Contribution Disclosure Report 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
	First Name or Business Name	Occupation			Description
Atlanta Board of Realtors First Name or Business Name Last Name 5784 Lake Forest Dr Address Address2 Atlanta City Atlanta State GA Zip 30328 Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Date 10/20 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 Primary	Cash Amt. 750	Est. Value Description
Dan Last Name Milich Address 1405 Avalon Blvd Address2 City Atlanta State GA Zip 30309 Aff. Comm.	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Date 10/21 Occupation Investment Banking Employer Raymond James	<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 Primary	Cash Amt. 250	Est. Value Description
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Date Occupation Employer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special Primary	Cash Amt. Est. Value	Description

Itemized Contributions Page Total \$ ~~1,000~~ \$ 1,000

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Last Name Wilkins Selas		Date 10/18	Occupation Employer	T-Shirts	883.96
Address Address2 1041 RIVERSIDE RD					
City State Zip Sugar Hill LA 30514					
First Name Last Name		Date	Occupation Employer		
Address Address2					
City State Zip					
First Name Last Name		Date	Occupation Employer		
Address Address2					
City State Zip					
First Name Last Name		Date	Occupation Employer		
Address 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 \$ **883.96**

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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 <i>New Prospect Strategics</i> Last Name	Date 10/6	Occupation Employer	Consulting, Director	4,971.44
Address 44 Milton Ave 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			
First Name <i>Pamela Broad</i> Last Name	Date 10/6	Occupation Employer	Campaign mgt	26.04
Address Address2 City Alpharetta State GA Zip 30022	<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			
First Name <i>New Prospect Strategics</i> Last Name	Date 10/8	Occupation Employer	Political media Buy	2,175
Address 44 Milton Ave 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			

Page Total \$ 7,362.78

* 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 _____