

# 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

<b>1. Report Type</b> (Select One) <input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Amendment Amendment # _____	<b>2. Filing is being made on behalf of: (Select One)</b> Candidate or Public Official Office Held or Sought <u>Atlanta City Council District 11</u> (Include county, municipality, district, post, or judicial circuit) Filer ID <u>F2016020108</u> 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) Marci Collier Overstreet (2) 12/01/2017  
*Full Name of Candidate or Other Than Candidate Campaign Committee* *Today's Date*
- (3) Atlanta GA 31131  
*Mailing Address* *City* *State* *Zip Code*
- (4) \_\_\_\_\_ and / or \_\_\_\_\_  
*Primary Contact Phone Number* *com* *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: Lauren Alexander Marci Collier Overstreet  
*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 (Report required only if you are in a Run-Off Election)	Special Elections (Report required only if you are in a Special Election)
<input type="checkbox"/> January 31, <u>2017</u> (year) <input type="checkbox"/> June 30, <u>2017</u> (year) <b>Supplemental Reporting</b> <input type="checkbox"/> June 30, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (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, <u>2017</u> (year) <input type="checkbox"/> March 31, <u>2017</u> (year) <input type="checkbox"/> June 30, <u>2017</u> (year) <input type="checkbox"/> September 30, <u>2017</u> (year) <input type="checkbox"/> October 25, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (year)	<input type="checkbox"/> 6 days before Primary Run-Off, <u>2017</u> (year) <input checked="" type="checkbox"/> 6 days before General Run-Off, <u>2017</u> (year) <input type="checkbox"/> 6 days before Special Primary Run-Off, <u>2017</u> (year) <input type="checkbox"/> 6 days before Special Run-Off, <u>2017</u> (year)	<input type="checkbox"/> 15 days before Special Primary, <u>2017</u> (year) <input type="checkbox"/> 15 days before Special, <u>2017</u> (year) <input type="checkbox"/> Dec. 31, <u>2017</u> (year)

### Verification by Oath or Affirmation

State of \_\_\_\_\_

County of \_\_\_\_\_

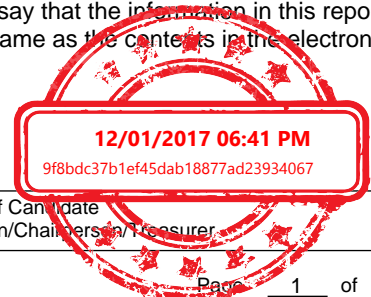
I, \_\_\_\_\_, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public

Commission Expiration

a. Signature of Candidate  
 b. Organization/Chairperson/Treasurer



Public Officer/Candidate/Other Than Candidate Committee Name Friends of Marci Collier Overstreet

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# 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.	\$3,780.00	\$67,827.65
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$0.00	\$15,500.00
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	\$150.00
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4).	\$0.00	\$15,650.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$3,780.00	\$83,477.65

## 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	\$49,888.28
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$0.00	\$26,874.62
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	\$515.77
11	Total expenditures reported this period. (Line 9 + 10)	\$0.00	\$27,390.39
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$0.00	\$77,278.67

## 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)		\$6,198.98
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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 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 Atlanta Realtors Political Action Committee Last Name Address 5784 Lake Forrest Dr Address2 City Atlanta State GA Zip 30328-6203 Aff. Comm.	Date 11/20/2017 <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 type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$750.00	Est. Value \$0.00 Description
First Name / Business Name Better Committee PAC Inc. Last Name Address 3340 Peachtree Rd NE Address2 Ste 650 City Atlanta State GA Zip 30326-1000 Aff. Comm.	Date 11/08/2017 <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 type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,400.00	Est. Value \$0.00 Description
First Name / Business Name BPJ Enterprise Last Name Address 4640 Heatherwood Dr SW Address2 City Atlanta State GA Zip 30331-7412 Aff. Comm.	Date 11/25/2017 <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 type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$1,000.00	Est. Value \$0.00 Description

**Itemized Contribution Page Total**

\$3,150.00

\$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 Dr. Cherry  Last Name Collier  Address 530 Reunion Ct SW  Address2 Ste  City Atlanta  State GA      Zip 30331-6351  Aff. Comm.	Date 11/27/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Org Psychologist & Executive Coach  Employer Personality Matters Inc.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00  Description
First Name / Business Name Committee to Elect Keisha Lance Bottoms Last Name  Address 4900 Guilford Forest Dr SW  Address2  City Atlanta  State GA      Zip 30331-9018  Aff. Comm.	Date 11/21/2017  <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 type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$2,600.00	Est. Value \$0.00  Description
First Name / Business Name Kimberly  Last Name Funderburk  Address 4835 Regency Trce SW  Address2  City Atlanta  State GA      Zip 30331-6844  Aff. Comm.	Date 10/27/2017  <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Director  Employer BCBSGA	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$100.00	Est. Value \$0.00  Description

**Itemized Contribution Page Total**

\$3,200.00

\$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 Dymeka	Date 11/27/2017	Occupation VP North America	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Harrison					
Address 152 Richardson St SE					
Address2					
City Atlanta					
State GA					Zip 30312-2918
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer QIAGEN			Description
First Name / Business Name Investment Dynamics, Inc.	Date 11/17/2017	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,400.00	Est. Value \$0.00
Last Name					
Address 1097 Harwell Rd NW					
Address2					
City Atlanta					
State GA					Zip 30318-4415
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
First Name / Business Name Martin	Date 10/27/2017	Occupation Physician	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Jeffries					
Address 2033 Magnolia Pkwy					
Address2					
City Grovetown					
State GA					Zip 30813-3089
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			Description

**Itemized Contribution Page Total**

\$1,600.00

\$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 Donna	Date 11/27/2017	Occupation Superintendent	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Leak					Description
Address 1744 Cambridge Ave					
Address2					
City Flossmoor					
State IL					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Henrietta	Date 11/27/2017	Occupation Homemaker	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Leak					Description
Address 9157 S Constance Ave					
Address2					
City Chicago					
State IL					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan
First Name / Business Name Genevieve	Date 11/27/2017	Occupation Software Engineer	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,400.00	Est. Value \$0.00
Last Name Mays					Description
Address 109 Brunswick Dr					
Address2					
City Tyrone					
State GA					
Aff. Comm.					<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan

**Itemized Contribution Page Total**

\$2,650.00

\$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 MHR International, Inc Last Name Address 1075 Peachtree St NE Address2 Ste 3650 City Atlanta State GA Zip 30309-3934 Aff. Comm.	Date 11/28/2017 <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 type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description
First Name / Business Name Nichole Last Name Mooyoung Address 4910 S Cornell Ave Address2 City Chicago State IL Zip 60615-3014 Aff. Comm.	Date 11/27/2017 <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 healthcare	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$250.00	Est. Value \$0.00 Description
First Name / Business Name Paragon Global Advisors LLC Last Name Address 662 Hackney Dr SE Address2 City Marietta State GA Zip 30067 Aff. Comm.	Date 11/21/2017 <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 type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary 2017	Cash Amt. \$500.00	Est. Value \$0.00 Description

**Itemized Contribution Page Total**

\$1,250.00

\$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 Pickens	Date 11/27/2017	Occupation Attorney	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name Patterson					
Address 4044 Lyon Blvd SW					
Address2					
City Atlanta					
State GA					Zip 30331-6421
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Smith Gambrell & Russell LLP			Description
First Name / Business Name Prime Country Foods LLC	Date 11/25/2017	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$250.00	Est. Value \$0.00
Last Name					
Address 3391 Old Fairburn Rd SW					
Address2					
City Atlanta					
State GA					Zip 30331-7911
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
First Name / Business Name Protect Security LLC	Date 11/24/2017	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name					
Address 659 Auburn Ave NE					
Address2 Ofc G28					
City Atlanta					
State GA					Zip 30312-5412
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contribution Page Total

\$1,500.00

\$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 Larry	Date 11/27/2017	Occupation Attorney	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$100.00	Est. Value \$0.00
Last Name Rogers					
Address 70 W Madison St					
Address2 Ste 5500					
City Chicago					
State IL					Zip 60602-4212
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self			
First Name / Business Name Andrews	Date 11/20/2017	Occupation Information Requested	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$500.00	Est. Value \$0.00
Last Name Sonja					
Address 3421 Dogwood Dr					
Address2					
City Hapeville					
State GA					Zip 30354-1415
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Information Requested			
First Name / Business Name Scott	Date 10/27/2017	Occupation Real Estate	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$1,000.00	Est. Value \$0.00
Last Name Taylor					
Address 3066 E Pine Valley Rd NW					
Address2					
City Atlanta					
State GA					Zip 30305-1954
Aff. Comm.					
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Carter and Associates			

**Itemized Contribution Page Total**

\$1,600.00

\$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 The Cuffie Law Firm	Date 11/22/2017	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$250.00	Est. Value \$0.00			
Last Name								
Address 3080 Campbellton Rd SW								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City Atlanta								
State GA								Zip 30311-5410
Aff. Comm.								
First Name / Business Name William Gayleano Murray & Son Funeral Home Inc	Date 11/20/2017	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$200.00	Est. Value \$0.00			
Last Name								
Address 268 NW Broad St								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer			Description	
City Fairburn								
State GA								Zip 30213-1412
Aff. Comm.								
First Name / Business Name Lynette	Date 10/27/2017	Occupation  Physician	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary  2017	Cash Amt. \$100.00	Est. Value \$0.00			
Last Name Wilson-Phillips								
Address 5268 Sandy Shores Ct								
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Inkind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer Decatur Pediatric Group			Description	
City Lithonia								
State GA								Zip 30038-3957
Aff. Comm.								

**Itemized Contribution Page Total**

\$550.00

\$0.00

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 Alamo	Date 11/08/2017	Occupation	Election Day Vans	\$509.68
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2200 Rental Car Cntr Pkwy 2255				
Address2				
City College Park				
State GA				
First Name Atlanta J&J	Date 11/28/2017	Occupation	Donation	\$500.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address				
Address2				
City Atlanta				
State GA				
First Name Best Print	Date 11/28/2017	Occupation	Doorhangers	\$695.50
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 4187 Snapfinger Woods Dr				
Address2				
City Decatur				
State GA				

Page Total \$1,705.18

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

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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 Chism Strategies		Date 10/30/2017	Occupation	Mailer	\$5,500.00
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2906 N State St					
Address2 Ste 106					
City Jackson					
State MS	Zip 39216-4239				
First Name Chism Strategies		Date 11/24/2017	Occupation	ID calls	\$2,215.59
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2906 N State St					
Address2					
City Jackson					
State MS	Zip 39216-4233				
First Name Chism Strategies		Date 11/28/2017	Occupation	Mailer	\$5,335.45
Last Name		<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2906 N State St					
Address2					
City Jackson					
State MS	Zip 39216-4233				

Page Total \$13,051.04

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

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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 Chism Strategies	Date 11/29/2017	Occupation	robo calls	\$500.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2906 N State St				
Address2				
City Jackson				
State MS				
First Name Clash Graphics	Date 11/24/2017	Occupation	Cards	\$120.87
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 2140 Peachtree Rd NW				
Address2 Ste 301				
City Atlanta				
State GA				
First Name Coleman Franklin Group	Date 11/02/2017	Occupation	Finance Director	\$2,000.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address				
Address2				
City				
State				

Page Total \$2,620.87

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Marci Collier Overstreet

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Eshe'	Date 11/07/2017	Occupation Information Requested	CoHost bingo event	\$100.00
Last Name Collins	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address requested				
Address2				
City				
State      Zip				
First Name Facebook	Date 11/28/2017	Occupation	Facebook Ads	\$250.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1 Hacker Way				
Address2				
City Menlo Park				
State      Zip CA      94025-1456				
First Name Fedex	Date 11/20/2017	Occupation	printing cards	\$241.12
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address				
Address2				
City				
State      Zip				

Page Total \$591.12

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

Public Officer/Candidate/Other Than Candidate Committee Name Friends of Marci Collier Overstreet

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Gotprint.com	Date 11/24/2017	Occupation	BULK literature	\$498.81
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address online				
Address2				
City				
State      Zip				
First Name Jamila	Date 11/03/2017	Occupation Information Requested	CoHost bingo event	\$103.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address				
Address2				
City				
State      Zip				
First Name Jamila	Date 11/03/2017	Occupation Information Requested	Senior Outreach Coordinator	\$1,500.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address				
Address2				
City				
State      Zip				

Page Total      \$2,101.81

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

Public Officer/Candidate/Other Than Candidate Committee Name      Friends of Marci Collier Overstreet

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Jamila	Date 11/21/2017	Occupation Information Requested	Runoff Senior Outreach	\$1,000.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address				
Address2				
City				
State				
First Name Jamila	Date 11/29/2017	Occupation Information Requested	Assistant Help - Seniors	\$200.00
Last Name Jones	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address				
Address2				
City				
State				
First Name Alfred	Date 11/03/2017	Occupation Information Requested	Canvass Help	\$100.00
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 565 White Rd				
Address2				
City Fayetteville				
State GA				

Page Total \$1,300.00

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

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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 is \$100.00 or more

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Alfred	Date 11/07/2017	Occupation Information Requested	Canvass Coordinator	\$450.00
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 565 White Rd				
Address2				
City Fayetteville				
State GA				
First Name Alfred	Date 11/07/2017	Occupation Information Requested	Canvass Help	\$2,300.00
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 565 White Rd				
Address2				
City Fayetteville				
State GA				
First Name Alfred	Date 11/20/2017	Occupation Information Requested	Sign Help	\$300.00
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 565 White Rd				
Address2				
City Fayetteville				
State GA				

Page Total \$3,050.00

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

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State of Georgia  
**Campaign Contribution Disclosure Report**  
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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 Alfred	Date 11/20/2017	Occupation Information Requested	Canvass Help	\$200.00
Last Name Lee	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer Information Requested		
Address 565 White Rd				
Address2				
City Fayetteville				
State GA				
First Name NGP Van	Date 11/02/2017	Occupation	Campaign Database	\$250.00
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address				
Address2				
City				
State				
First Name Sign Design	Date 11/24/2017	Occupation	LARGE order	\$742.45
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 451 Sawtell Ave SE				
Address2				
City Atlanta				
State GA				

Page Total \$1,192.45

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

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State of Georgia  
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**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 Sign Design	Date 11/24/2017	Occupation	Runoff signs	\$405.87
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 451 Sawtell Ave SE				
Address2				
City Atlanta				
State GA				
First Name Sign Design	Date 11/27/2017	Occupation	Banners	\$742.45
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 451 Sawtell Ave SE				
Address2				
City Atlanta				
State GA				
First Name Walmart Supersenter	Date 10/26/2017	Occupation	Supplies	\$113.83
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 1105 Research Center Atlanta Dr SW				
Address2				
City Atlanta				
State GA				

Page Total \$1,262.15

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

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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.