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Image# 202012039338110085

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other	Than An Au	ıthorized	l Commit	tee		Office Use Only	<i>,</i>
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typr r the lines.	ing, type	12FE4M	5	
NEXION HEALTH FU	ND FOR	QUALITY I	ONG T	ERM C	ARE INC			
ADDRESS (number and street)	228 S W	ASHINGTON ST	REET SUIT	E 115				
Check if different than previously reported. (ACC)	ALEXAN	IDRIA				VA	22314]-[
2. FEC IDENTIFICATION N	UMBER ▼		ITY 🛦			STATE ▲	ZIP (CODE A
C C00434233		3.	IS THIS REPORT	×	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Mor Rep Due	ort M	eb 20 (M2) ar 20 (M3) or 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (Q2) (c)	12-Day PRE-Election Report for the:		Primary (12		General (Runoff (12R)
January 31 Year-End Report (YE)	Elec	tion on	M = M		Y Y Y Y Y	in th State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d)	30-Day POST-Election Report for the:	x	General (30	0G)	Runoff (3	90R)	Special (30S)
Termination Report (TER)	t	·	tion on	M M M	03	2020	in th State	
5. Covering Period 1	0 01		Y	through	M M	23	2020	
I certify that I have examined to Type or Print Name of Treasure	Kirley, F	nd to the best rancis P., , ,	of my know	wledge and	belief it is tru	ue, correct and	d complete.	
Signature of Treasurer	ey, Francis P.,	,,		[Electronica	lly Filed] [Date 12	/ 03	2020
NOTE: Submission of false, error	neous, or inc	omplete informat	ion may su	bject the pe	rson signing t	his Report to th	ne penalties of	52 U.S.C. § 30109
Office Use							FEC FO Rev. 05	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

10 01 2020 11 23 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 30977.77 January 1, 2020 (b) Cash on Hand at 9629.52 Beginning of Reporting Period..... 8007.43 28159.18 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 59136.95 17636.95 6(a) and 6(c) for Column B)..... 10000.00 51500.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 7636.95 7636.95 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

01 2020 11 23 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4082.43 11138.86 (i) Itemized (use Schedule A)..... 3925.00 17020.32 (ii) Unitemized (iii) TOTAL (add 28159.18 8007.43 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 28159.18 8007.43 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 8007.43 28159.18 20. Total Federal Receipts 8007.43 28159.18 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) Federal Share	4 4 4			
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	10000.00	51500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7	4.44		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	, , , , , ,	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	51500.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	10000.00	51500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8007.43	28159.18
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8007.43	28159.18
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF	9	
(0	(check only one)									
	X	11a		11b		11c		12	!	
		13		14		15		16	;	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	R QUALITY LONG TERM CARE II	NC
Full Name of Individual (Last, First, Middle Belk, Eli, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 36 Dunn Road		10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7428
Boyle	MS 38730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Delta	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
Full Name of Individual (Last, First, Middle Eddings, Cametrica, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 116 Mourning Dove		10 27 2020
City	State Zip Code	Transaction ID : SA11AI.7451
Navasota	TX 77868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	450.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Golden Creek	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
Full Name of Individual (Last, First, Middle C. Hamrick, Tony, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1430 Old Amy Road		10 27 2020
City	State Zip Code	Transaction ID : SA11AI.7430
Laurel	MS 39440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Columbia	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate +	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line numb	per only)	1 1 40 1 1 40 1 1 70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF	9		
	(check only one)										
		X	11a		11b		11c		12	2	
			13		14		15		16	6	17

	statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	QUALITY LONG TERM CARE IN	IC
Full Name of Individual (Last, First, Middle In Hasty, Amanda Lynn, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 120 Estelle Drive		10 27 2020
City	State Zip Code	Transaction ID : SA11AI.7433
Vicksburg	MS 39180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	771.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Natchez	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	771.00	
Full Name of Individual (Last, First, Middle II Myles, Rebecca R., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 120		10 27 2020
City	State Zip Code	Transaction ID : SA11AI.7404
Minden	LA 70158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	532.75
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Pierrepont	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	532.75	
Full Name of Individual (Last, First, Middle In Olden, Jaclyn, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 5843 Michaelson Drive		10 27 2020
City	State Zip Code	Transaction ID : SA11AI.7453
Olive Branch	MS 38654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Great Oaks	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1803.75
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF	9		
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (IN FUII) NEXION HEALTH FUND FOR	R QUALITY LONG TERM CARE IN	IC		
Full Name of Individual (Last, First, Middle Walker, Penny, , , Mailing Address 107 East Ross	Initial) or Full Organization Name	Date of Receipt		
	70.004	10 27 2020		
City Waxahachie	State Zip Code 75165	Transaction ID : SA11AI.7431 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	28.68		
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Dietician	Memo Item payroll deduction \$ 28.68 bi-weekly		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.07			
Full Name of Individual (Last, First, Middle 3. Mailing Address	Initial) or Full Organization Name	Date of Receipt		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt		
Mailing Address		M M / D D / Y Y Y Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	28.68		
TOTAL This Period (last page this line numb	er only)	4082.43		

S П

State GA District Disbursement Description State Sought Transaction Disbursement State GA District GA State Primary General Primary Transaction Disbursement Cardidate Name President Transaction Disbursement Transaction Disburse	SCHEDULE B (FEC Form 3X)		F65 : ":-	OR LINE NUMBER: PAGE 9 OF 9				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of selliciting contribution to commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) A. GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Office Sought: House State: GA Distursement Contribution to special runoff Candidate Name Persoldent State: GA Distursement Gan State Sought: House SulTE 400 City State: GA Disbursement Grandidate Name PERDUE FOR SENATE Mailing Address 3110 MAPLE DRIVE NE SUITE 400 City State: GA Distursement Grandidate Name PERDUE FOR SENATE Mailing Address City Senate President State: GA Distursement Grandidate Name Date of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Sought: House Suite GA Distursement Ganeral President State: GA Distursement Candidate Name PERDUE FOR SENATE Mailing Address City Senate President State: GA Distursement Category/ Type Sought: House Disbursement Other (specify) Verifice Sought: House President State: GA Distursement Category/ Type Sought: House President Full Name (Last, First, Middle Initial) C. Mailing Address City Senate President First, Middle Initial) Category/ Type Sought: House Disbursement Other (specify) Amount of Each Disbursement this Personal president Full Rame (Last, First, Middle Initial) C. Amount of Each Disbursement this Personal president Category/ Type Office Sought: House Disbursement			TOTT EINE NOMBETT.					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) A. GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Purpose of Disbursement Contribution to special runoff Candidate Name LOEFFLER, KELLY, , Office Sought: House Disbursement For: 2020 General President State: GA District: 00 Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address 3110 MAPLE DRIVE NE SUITE 400 City ATLANTA Mailing Address 3110 MAPLE DRIVE NE SUITE 400 City ATLANTA Purpose of Disbursement contribution to general runoff Candidate Name PERDUE, DAVID, , Office Sought: House Disbursement For: 2020 X Sanate President X Other (specify) Y Runoff Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name PERDUE, DAVID, , Office Sought: House Disbursement For: 2020 X Sanate President X Other (specify) Y Qeneral President X Other (specify) Furpose of Disbursement Candidate Name Perpose of Disbursement Candidate Name Perpo	II LIVIIZLU DISBURSEIVIEN IS		1 ` `					
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) A. GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Candidate Name LOEFFLER, KELLY, Office Sought: House Disbursement For 2020 Transaction Disbursement For 2020 Transaction Disbursement FeC Identification Number State: GA District: House Disbursement For 2020 Transaction Disbursement FeC Identification Number Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address House Disbursement For 2020 Transaction Disbursement Date of Disbursement Date of Disbursement Date of Disbursement For 2020 Transaction Disbursement Disbursement Date of Disbursement Date		Detailed Suffilliary Page	28a	28b 28c 29 30b				
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) A GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Office Sought:								
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) A. GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Purpose of Disbursement contribution to special runoff Candidate Name LOEFFLER, KELLY, , Office Sought: Yesenate President State: GA District: Mailing Address S110 MAPLE DRIVE NE SUITE 400 City Office Sought: We denote PERDUE, DAVID, , Office Sought: We denote Perpose of Disbursement State: GA District: Mailing Address City State Zip Code General Purpose of Disbursement Candidate Name PERDUE, DAVID, , Office Sought: We denote Perpose of Disbursement State: GA District: Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Purpose of Disbursement Category/ Type Memo Item FEC Identification Number C Coos47870 Transaction ID: \$823.7401 Transaction ID: \$823.7402 Transaction ID: \$823.7402 Transaction ID: \$823.7402 Transaction ID: \$823.7402 Transaction ID: \$823.7401 Tran		me and address of any poli	cical committee to	o solicit contributions from such committee.				
Full Name (Last, First, Middle Initial) A. GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Candidate Name Candidate Name President State: ATUNITA ATUNITA City ATLANTA Comparison Comparison Category Type Comparison Type Comparison Category Type Comparison Type Comparison Type Comparison Category Type Comparison Type Category Type Comparison	, ,	IALITY LONG TED		0				
A. GEORGIANS FOR KELLY LOEFFLER Mailing Address PO BOX 20036 City ATLANTA Cardidate Name Contribution to special runoff Candidate Name Contribution to general runoff Candidate Name Contribution to general runoff Candidate Name Contribution to general runoff Contri	NEXION HEALTH FUND FOR QU	JALITY LONG TER	M CARE IN	C				
Mailing Address PO BOX 20036 City ATLANTA Purpose of Disbursement contribution to special runoff Candidate Name LOEFFLER, KELLY, , Office Sought: House Primary General President State: GA District: Mailing Address 3110 MAPLE DRIVE NE SUITE 400 City ATLANTA State Zip Code GA 30325 FEC Identification Number C C 00729608 Transaction ID : \$823.7402 Amount of Each Disbursement this Primary General President X Other (specify) ▼ Tansaction ID : \$823.7402 Amount of Each Disbursement Date of Disbursement 11	Full Name (Last, First, Middle Initial)							
City	A. GEORGIANS FOR KELLY LOEFF	FLER		Date of Disbursement				
City ATLANTA Purpose of Disbursement contribution to special runoff Candidate Name LOEFFLER, KELLY, , , Office Sought: Mailing Address PERDUE, DAVID, , , Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Transaction ID : \$823.7401 Amount of Each Disbursement Category/ Type Transaction ID : \$823.7401 Amount of Each Disbursement this Pull Name (Last, First, Middle Initial) C. Mailing Address City Mailing Address City State Zip Code Primary General President X Other (specify) Amount of Each Disbursement Category/ Type Transaction ID : \$823.7401 Amount of Each Disbursement this Pull Name (Last, First, Middle Initial) C. Category/ Type Total Qeneral President Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: Memo Item Amount of Each Disbursement this Pull Name (Last, First, Disbursement For: Category/ Type Office Sought: Memo Item Memo Item Amount of Each Disbursement this Pull Name (Last, First, Disbursement For: Category/ Type Office Sought: Memo Item Memo Item Memo Item Amount of Each Disbursement this Pull Name (Last, First, Disbursement For: Category/ Type Office Sought: Memo Item Memo								
ATLANTA Purpose of Disbursement contribution to special runoff Candidate Name LOEFFLER, KELLY, , Office Sought: House Primary State: GA District: 00 Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address SUITE 400 Clty ATLANTA Persident State: GA District: Office Sought: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Fell Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Category/ Type Transaction ID: SB23.7401 Amount of Each Disbursement Category/ Type Category/ Type Transaction ID: SB23.7401 Amount of Each Disbursement Initial Fell Name (Last, First, Middle Initial) C. Mailing Address City State Disbursement Candidate Name President Candidate Name Disbursement Candidate Name Office Sought: Disbursement Category/ Type Office Sought: Disbursement For: Category/ Type Office Sought: Disbursement For: Senate President Cherrication Number Category/ Type FEC Identification ID: SB23.7402 Amount of Each Disbursement Initial Date of Disbursement Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type Amount of Each Disbursement this Path Initial Category/ Type Office Sought: Other (specify) ▼ Memo Item Me	Mailing Address PO BOX 20036			11 12 2020				
ATLANTA Purpose of Disbursement contribution to special runoff Candidate Name PERDUE, DAVID, , Office Sought: Mailing Address City Mailing Address City Mailing Address City State: City State: City Mailing Address City Category Type Condidate Name Persident Condidate Name Category Type Condidate Name Category Type Condidate Name Category Type Condidate Name Category Type Condidate Name Category Type Condidate Name Category Type Condidate Name Condidate	City	State Zip Code		EEC Identification Number				
Contribution to special runoff Candidate Name LOEFFLER, KELLY, , Office Sought:		GA 30325		FEC Identification Number				
Transaction ID : \$823,7402 Amount of Each Disbursement this Processory Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type State: GA District: 00 Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address City ATLANTA Purpose of Disbursement Candidate Name PERDUE, DAVID, , Office Sought: President State: GA District: Mailing Address City Mame (Last, First, Middle Initial) C. Category/ Type Ca				C C00729608				
LOEFFLER, KELLY, , , Office Sought: House Disbursement For: 2020 State: GA District: 00 Verification Number Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address Sulff 400 City Senate Primary General President State Sulff 400 Category/ Type Memo Item FEC Identification Number Category/ Transaction ID : SB23,740 Mount of Each Disbursement this Perification Number Category/ Senate Primary General Full Name (Last, First, Middle Initial) C. Coos47570 Transaction ID : SB23,740 Transaction ID : SB23,740 Mount of Each Disbursement this Perification Number Category/ Memo Item Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: Senate Primary General Purpose of Disbursement Candidate Name Category/ Type Disbursement Category/ Memo Item FEC Identification Number Category/ Memo Item FEC Identification Number Category/ Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item	·							
Office Sought: Note				Amount of Each Disbursement this Period				
State: GA District: 00		ement For: 2020	-7/2-2	5000.00				
State: GA District: 00 Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address 3110 MAPLE DRIVE NE SUITE 400 City ATLANTA Purpose of Disbursement contribution to general runoff Candidate Name PERDUE, DAVID, , Office Sought: State: GA District: Mailing Address City State Disbursement For: 2020 Memo Item Full Name (Last, First, Middle Initial) C. Mailing Address City State City State City State Disbursement Candidate Name Category/ Type Office Sought: Memo Item				7 7 7				
Full Name (Last, First, Middle Initial) B. PERDUE FOR SENATE Mailing Address 3110 MAPLE DRIVE NE SUITE 400 City ATLANTA Purpose of Disbursement contribution to general runoff Candidate Name PERDUE, DAVID, State: GA District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: 2020 Primary State: GA District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: 2020 Primary Runoff Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Category/ Type Date of Disbursement this Primary General Date of Disbursement this Primary Category/ Type Date of Disbursement this Primary Category/ Type Date of Disbursement this Primary Category/ Type Office Sought: House Disbursement For: Senate Primary Office Sought: Office Sought: House Disbursement For: Senate Primary General Other (specity) Memo Item Memo Item Memo Item				Memo Item				
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