

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Citizens for Michael Owens

ADDRESS (number and street) 1177 Crestbrook Lane SW
 Check if different than previously reported. (ACC) Mableton GA 30126

2. **FEC IDENTIFICATION NUMBER** C C00553677 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) GA 13

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Richard Hicks
Signature of Treasurer Richard Hicks *[Electronically Filed]* Date M M / D D / Y Y Y Y 03 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Michael Owens

Report Covering the Period: From: M M / D D / Y Y Y Y
01 / 01 / 2014 To: M M / D D / Y Y Y Y
03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6580.00	10730.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6580.00	10730.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25221.39	37751.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25221.39	37751.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-3421.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	23600.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

Citizens for Michael Owens

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5350.00	8200.00
(ii) Unitemized	730.00	1030.00
(iii) TOTAL of contributions from individuals	6080.00	9230.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	500.00	1500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6580.00	10730.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	12100.00	23600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	12100.00	23600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	18680.00	34330.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25221.39	37751.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(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 (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25221.39	37751.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3120.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18680.00
25. SUBTOTAL (add Line 23 and Line 24).....	21800.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25221.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-3421.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

A. Full Name (Last, First, Middle Initial)
Claudette Owens

Mailing Address 1177 Crestbrook LN
SW

City Mableton State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Vincent Rossy

Mailing Address 901 Abernathy Rd NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C**

Name of Employer Cor-Tech Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Srinivas Yamujala

Mailing Address 13085 Morris Rd
Unit 11302

City Alpharetta State GA Zip Code 30044

FEC ID number of contributing federal political committee. **C**

Name of Employer SITA Occupation Director of IT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5350.00

5350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

A. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
21100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11D.4315

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

A. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA13A.4308

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
17000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA13A.4309

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
19600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA13A.4310

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

A. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA13A.4313

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
23100.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA13A.4316

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MICHAEL CLAUDE OWENS

Mailing Address 6049 COLT RIDGE TRAIL SE

City MABLETON State GA Zip Code 30126

FEC ID number of contributing federal political committee. **C H4GA13034**

Name of Employer Cisco Systems Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25100.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA13A.4317

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

12100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. 3dna Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 448 S. Hill Street		Amount of Each Disbursement this Period 499.00 Transaction ID : SB17.4181
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement 001	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. 3dna Corporation		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 448 S. Hill Street		Amount of Each Disbursement this Period 499.00 Transaction ID : SB17.4197
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement 001	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Bulldog Financial Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1250 Connecticut Ave NW #200		Amount of Each Disbursement this Period 4150.00 Transaction ID : SB17.4193
City Washington	State DC	
Zip Code 20063	Purpose of Disbursement 003	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	5148.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 26.17 Transaction ID : SB17.4220
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 26.53 Transaction ID : SB17.4221
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 37.55 Transaction ID : SB17.4222
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	90.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 35.36 Transaction ID : SB17.4223
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 40.45 Transaction ID : SB17.4224
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 33.28 Transaction ID : SB17.4225
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	109.09
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 36.88
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Transaction ID : SB17.4226
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 41.89
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Transaction ID : SB17.4227
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 42.82
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Transaction ID : SB17.4228
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	121.59
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 41.02 Transaction ID : SB17.4229
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 40.61 Transaction ID : SB17.4230
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4231
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	121.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 39.79
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Transaction ID : SB17.4232
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 39.99
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Transaction ID : SB17.4233
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 41.09
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Transaction ID : SB17.4234
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	120.87
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 42.12 Transaction ID : SB17.4235
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 43.41 Transaction ID : SB17.4236
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 42.19 Transaction ID : SB17.4237
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	127.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 41.34 Transaction ID : SB17.4238
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 51.20 Transaction ID : SB17.4239
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 44.97 Transaction ID : SB17.4240
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	137.51
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 38.60 Transaction ID : SB17.4241
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 35.14 Transaction ID : SB17.4242
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 40.44 Transaction ID : SB17.4243
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	114.18
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 02 / 02 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 37.58 Transaction ID : SB17.4244
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 35.16 Transaction ID : SB17.4245
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 35.16 Transaction ID : SB17.4246
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	107.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 37.14 Transaction ID : SB17.4247
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 36.64 Transaction ID : SB17.4248
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4249
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	111.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 02 / 09 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 56.62 Transaction ID : SB17.4250
City Menlo Park	State CA	
Purpose of Disbursement	Category/Type 004	
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 36.41 Transaction ID : SB17.4255
City Menlo Park	State CA	
Purpose of Disbursement	Category/Type 004	
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 34.40 Transaction ID : SB17.4256
City Menlo Park	State CA	
Purpose of Disbursement	Category/Type 004	
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	127.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 35.11 Transaction ID : SB17.4257
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 30.38 Transaction ID : SB17.4258
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 53.16 Transaction ID : SB17.4259
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	118.65
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 45.38 Transaction ID : SB17.4260
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 39.28 Transaction ID : SB17.4261
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 48.80 Transaction ID : SB17.4262
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	133.46
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 58.68 Transaction ID : SB17.4263
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 81.63 Transaction ID : SB17.4264
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 251.34 Transaction ID : SB17.4265
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	391.65
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 2.97 Transaction ID : SB17.4199
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 254.55 Transaction ID : SB17.4201
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4205
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	607.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 500.17 Transaction ID : SB17.4206
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 751.88 Transaction ID : SB17.4266
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 601 Willow Road		Amount of Each Disbursement this Period 750.89 Transaction ID : SB17.4268
City Menlo Park	State CA	
Purpose of Disbursement	004	Category/ Type
Candidate Name Citizens for Michael Owens	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	2002.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

A. Hot Cards

Full Name (Last, First, Middle Initial)
Mailing Address 2400 Superior Avenue

City Cleveland State OH Zip Code 44114

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2014

Amount of Each Disbursement this Period: 177.81

Transaction ID : SB17.4276

Category/Type: 006

B. Loveless Johnson III

Full Name (Last, First, Middle Initial)
Mailing Address 1657 Westvale Place

City Duluth State GA Zip Code 30097

Purpose of Disbursement
Consultant Pay

Candidate Name
Citizens for Michael Owens

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: GA District: 13

Date of Disbursement: 02 / 21 / 2014

Amount of Each Disbursement this Period: 1100.00

Transaction ID : SB17.4167

Category/Type: 001

c. Loveless Johnson III

Full Name (Last, First, Middle Initial)
Mailing Address 1657 Westvale Place

City Duluth State GA Zip Code 30097

Purpose of Disbursement
Consultant Fee

Candidate Name
Citizens for Michael Owens

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: GA District: 13

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 550.00

Transaction ID : SB17.4169

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 1827.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Loveless Johnson III		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1657 Westvale Place		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4170
City Duluth	State GA	
Purpose of Disbursement Consultant Fee	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Loveless Johnson III		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1657 Westvale Place		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4171
City Duluth	State GA	
Purpose of Disbursement Consultant Fee	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Loveless Johnson III		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1657 Westvale Place		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4172
City Duluth	State GA	
Purpose of Disbursement Consultant Fee	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Loveless Johnson III		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1657 Westvale Place		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4173
City Duluth	State GA	
Zip Code 30097	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name Citizens for Michael Owens	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 13	

Full Name (Last, First, Middle Initial) B. Theron Johnson		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4154
City Riverdale	State GA	
Zip Code 30274-3155	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name Citizens for Michael Owens	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 13	

Full Name (Last, First, Middle Initial) c. Theron Johnson		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4157
City Riverdale	State GA	
Zip Code 30274-3155	Purpose of Disbursement Political Consultant Pay	Category/ Type 001
Candidate Name Citizens for Michael Owens	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 13	

SUBTOTAL of Disbursements This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Theron Johnson		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4159
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Theron Johnson		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4160
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Theron Johnson		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4161
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Theron Johnson		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4162
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Theron Johnson		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4163
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Theron Johnson		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4164
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Theron Johnson		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4165
City Riverdale	State GA	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. LittleSmith Strategies		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 601 Shadowbrook Ct		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4208
City Antioch	State TN	
Purpose of Disbursement Political Consultant Pay	001	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Mexico Lindo Restaurant		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 848 Veterans Memorial Hwy SW		Amount of Each Disbursement this Period 312.70 Transaction ID : SB17.4210
City Mableton	State GA	
Purpose of Disbursement	007	Category/ Type
Candidate Name Citizens for Michael Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	4712.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. OOShirts		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 64 Shattuck Square		Amount of Each Disbursement this Period 225.32
City Berkeley	State FL	
Zip Code 94704	Purpose of Disbursement	Transaction ID : SB17.4174
Candidate Name Citizens for Michael Owens	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) B. Same Day Printing		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 1450 West Peachtree St		Amount of Each Disbursement this Period 482.00
City Atlanta	State GA	
Zip Code 30309	Purpose of Disbursement	Transaction ID : SB17.4182
Candidate Name Citizens for Michael Owens	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA	District: 13	

Full Name (Last, First, Middle Initial) c. Stella's Neighborhood Grill		Date of Disbursement MM / DD / YYYY 01 / 18 / 2014
Mailing Address 2810 East-West Connector		Amount of Each Disbursement this Period 230.58
City Austell	State GA	
Zip Code 30106	Purpose of Disbursement	Transaction ID : SB17.4271
Candidate Name Citizens for Michael Owens	Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	937.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Michael Owens

Full Name (Last, First, Middle Initial) A. Stella's Neighborhood Grill		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 2810 East-West Connector		Amount of Each Disbursement this Period 40.39
City Austell State GA Zip Code 30106	Purpose of Disbursement 007	
Candidate Name Citizens for Michael Owens		Transaction ID : SB17.4212
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Super Cheap Signs		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 9804 Gray Blvd.		Amount of Each Disbursement this Period 1465.50
City Austin State TX Zip Code 78758	Purpose of Disbursement 004	
Candidate Name Citizens for Michael Owens		Transaction ID : SB17.4188
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1505.89
TOTAL This Period (last page this line number only).....	24076.47

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

Citizens for Michael Owens

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL CLAUDE OWENS

Primary

General

Other (specify) ▼

Mailing Address

6049 COLT RIDGE TRAIL SE

City

State

ZIP Code

MABLETON

GA

30126

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11^M

14^D

2013

11/30/2014

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2500.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

Citizens for Michael Owens

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL CLAUDE OWENS

Primary

General

Other (specify) ▼

Mailing Address

6049 COLT RIDGE TRAIL SE

City

State

ZIP Code

MABLETON

GA

30126

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11

29

2013

11/30/2014

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Citizens for Michael Owens** Transaction ID : **SC/10.4120**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
MICHAEL CLAUDE OWENS Primary
 Mailing Address General
 6049 COLT RIDGE TRAIL SE Other (specify) ▼

City State ZIP Code
 MABLETON GA 30126

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^YY^YY^Y M^M / D^D / Y^YY^YY^Y 0.00 % (apr) Yes No
 12 / 16 / 2013 / / 11/30/2014

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

Citizens for Michael Owens

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL CLAUDE OWENS

Primary

General

Other (specify) ▼

Mailing Address

6049 COLT RIDGE TRAIL SE

City

State

ZIP Code

MABLETON

GA

30126

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

M 12 / D 19 / Y 2013

Date Due

M / D / Y 11/30/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

6000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4143

Citizens for Michael Owens

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL CLAUDE OWENS

Primary

General

Other (specify) ▼

Mailing Address

6049 COLT RIDGE TRAIL SE

City

State

ZIP Code

MABLETON

GA

30126

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M 12 / D 31 / Y 2013

Date Due

M / D / Y 11/30/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Citizens for Michael Owens** Transaction ID : **SC/10.4308**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
MICHAEL CLAUDE OWENS Primary
 Mailing Address 6049 COLT RIDGE TRAIL SE General
 Other (specify) ▼

City State ZIP Code
 MABLETON GA 30126

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 01 / 15 / 2014 M M / D D / 11/30/2014 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Citizens for Michael Owens

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL CLAUDE OWENS

Primary

General

Other (specify) ▼

Mailing Address

6049 COLT RIDGE TRAIL SE

City

State

ZIP Code

MABLETON

GA

30126

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

01 / 31 / 2014

Date Due

11/30/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1500.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4310

Citizens for Michael Owens

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MICHAEL CLAUDE OWENS

Primary

General

Other (specify) ▼

Mailing Address

6049 COLT RIDGE TRAIL SE

City

State

ZIP Code

MABLETON

GA

30126

Original Amount of Loan

2600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2600.00

TERMS

Date Incurred

M 02 / D 10 / Y 2014

Date Due

M / D / Y 11/30/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2600.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Citizens for Michael Owens** Transaction ID : **SC/10.4313**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
MICHAEL CLAUDE OWENS Primary
 Mailing Address General
 6049 COLT RIDGE TRAIL SE Other (specify) ▼

City State ZIP Code
 MABLETON GA 30126

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 02 / 10 / 2014 / 11/30/2014

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Citizens for Michael Owens** Transaction ID : **SC/10.4316**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
MICHAEL CLAUDE OWENS Primary
 Mailing Address General
 6049 COLT RIDGE TRAIL SE Other (specify) ▼

City State ZIP Code
 MABLETON GA 30126

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 02 18 / 2014 11/30/2014

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Citizens for Michael Owens** Transaction ID : **SC/10.4317**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
MICHAEL CLAUDE OWENS Primary
 Mailing Address General
 6049 COLT RIDGE TRAIL SE Other (specify) ▼

City State ZIP Code
 MABLETON GA 30126

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 28 / 2014	11/30/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	2000.00
TOTALS This Period (last page in this line only).....	23600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.