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Image# 14960799105

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized		_			Office Use Only
NAME OF COMMITTEE (in f	TYPE OR PR	INT ▼		mple: If typin the lines.	g, type	12FE4M5	
Citizens for Mic	hael Owens		1 1 1		1 1 1 1		
l							
	1177 Crestb	rook Lane SW					
ADDRESS (number and							
Check if different than previous reported. (AC	sly Mableton					GA	30126
2. FEC IDENTIFICA	ATION NUMBER ▼	CIT	Υ 🛕			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00553677		3. IS TH		X NEW (N)	OR	AMENI (A)	
4. TYPE OF REP	ORT (Choose One)	(b) 12 Do	w DDE I	Flaction Dans	et for the		
(a) Quarterly Rep	ports:	(b) 12-Da	п	Election Repo		1	
X April 15	Quarterly Report (Q1)		П.	Primary (12P)	F	General (
July 15 (Quarterly Report (Q2)		ш	Convention (12C)	Special (1	12S)
October	15 Quarterly Report (Q3)	Elect	ion on	M M /	D D /	YYYY	in the State of
January	31 Year-End Report (YE)	(c) 30-Da	y POST	-Election Rep	ort for the:		
				General (30G)	Runoff (30	OR) Special (30S)
Terminati	on Report (TER)	Elect	ion on	M M /	D D /	Y	in the State of
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y 2014	Y	through	M M 03	/ D D /	2014
-	amined this Report and		my kno	wledge and l	belief it is tru	ie, correct an	d complete.
Type or Print Name of	Treasurer Richard Hi	CKS					
Signature of Treasurer	Richard Hicks		I	Electronically 1	Filed] D	ate 03	31 2014
	alse, erroneous, or incom	plete informatio	n may s	ubject the per	son signing t	his Report to t	the penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 44

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Citizens for Michael Owens

01 03 31 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 6580.00 10730.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 6580.00 10730.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 25221.39 37751.39 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 25221.39 37751.39 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -3421.39 Reporting Period (from Line 27)..... 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 23600.00 Schedule C and/or Schedule D).....

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

PAGE 3 / 44

0.00

34330.00

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Citizens	for	Michael	Owens
CHIZCHS	IUI	IVIIGITAEI	

01 03 2014 01 2014 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 5350.00 8200.00 (i) Itemized (use Schedule A)..... 730.00 1030.00 (ii) Unitemized..... (iii) TOTAL of contributions 6080.00 9230.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 500.00 1500.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 6580.00 10730.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 12100.00 23600.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 12100.00 23600.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS

0.00

18680.00

(Dividends, Interest, etc.)

(Carry Total to Line 24, page 4).....

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 44

	Ш	. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPEF	RATING EXPENDITURES	25221.39	37751.39
18.		NSFERS TO OTHER HORIZED COMMITTEES	0.00	0.00
19.	LOAN	N REPAYMENTS:		
	. ,	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) (Of All Other Loans	0.00	0.00
	` '	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFL	JNDS OF CONTRIBUTIONS TO:		
	` '	ndividuals/Persons Other Than Political Committees	0.00	0.00
		man Folitical Committees		
		Political Party Committees Other Political Committees	0.00	0.00
	` '	(such as PACs)	0.00	0.00
	` '	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТНЕ	ER DISBURSEMENTS	0.00	0.00
22.		AL DISBURSEMENTS Lines 17, 18, 19(c), 20(d), and 21)	25221.39	37751.39
		III. CASH SUI	MMARY	
23.	CASI	H ON HAND AT BEGINNING OF REPOR	TING PERIOD	3120.00
4	TOTA	L RECEIPTS THIS PERIOD (from Line 1	6, page 3)	18680.00
5.	SUBT	FOTAL (add Line 23 and Line 24)		21800.00
6.	TOTA	L DISBURSEMENTS THIS PERIOD (fron	n Line 22)	25221.39
	CASH	H ON HAND AT CLOSE OF REPORTING		-3421.39

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

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

FOR	LINE	NU	MBER:	PAGE	:	5	OF	44
(chec	ck only	or	ne)					
	11a		11b	11c		11	d	_
	12		13a	13b		14	ļ.	15

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	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Citizens for Michael Owens		
Full Name (Last, First, Middle Initial) Claudette Owens		Date of Receipt
Mailing Address 1177 Crestbrook LN SW		02 05 2014
City	State Zip Code	Transaction ID : SA11AI.4291
Mableton	GA 30126	- Indication is a contract of
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	2000.00
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 5200.00	
Full Name (Last, First, Middle Initial) Vincent Rossy	•	Date of Receipt
Mailing Address 901 Abernathy Rd NE		02 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State Zip Code GA 30328	Transaction ID : SA11AI.4296
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	2500.00
Cor-Tech	CEO	
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 2500.00	
Full Name (Last, First, Middle Initial) Srinivas Yamujala		Date of Receipt
Mailing Address 13085 Morris Rd Unit 11302		02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alpharetta	State Zip Code GA 30044	Transaction ID : SA11AI.4292
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer SITA	Occupation Director of IT	250.00
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	5350.00
TOTAL This Period (last page this line num	ber only)	5350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:					PAGE	:	6 OF		44
Use separate schedule(s)	(cł	(check only one)								
for each category of the Detailed Summary Page		11a		11b		11c	X	11d		
		12		13a		13b		14		15
not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may 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 Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Date of Receipt Mailing Address 6049 COLT RIDGE TRAIL SE 2014 12 City State Zip Code Transaction ID: SA11D.4315 GΑ 30126 **MABLETON** FEC ID number of contributing Amount of Each Receipt this Period H4GA13034 federal political committee. 500.00 Name of Employer Occupation Cisco Systems Program Manager Receipt For: 2014 Election Cycle-to-Date | Primary General 21100.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER:	PAGE	:	7 OF	44
Use separate schedule(s)	(che	ck only	or	ne)				
for each category of the		11a		11b	11c		11d	
Detailed Summary Page		12	×	13a	13b		14	15

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.

NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Date of Receipt Mailing Address 6049 COLT RIDGE TRAIL SE 2014 15 City State Zip Code Transaction ID: SA13A.4308 GΑ 30126 **MABLETON** FEC ID number of contributing Amount of Each Receipt this Period H4GA13034 federal political committee. 3000.00 Name of Employer Occupation Cisco Systems Program Manager Receipt For: 2014 Election Cycle-to-Date | Primary General 15500.00 Other (specify) Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Date of Receipt Mailing Address 6049 COLT RIDGE TRAIL SE 31 2014 Citv State Zip Code Transaction ID: SA13A.4309 **MABLETON** GΑ 30126 FEC ID number of contributing Amount of Each Receipt this Period С H4GA13034 federal political committee. 1500.00 Name of Employer Occupation Program Manager Cisco Systems Receipt For: 2014 Election Cycle-to-Date | Primary General 17000.00 Other (specify) Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Date of Receipt Mailing Address 6049 COLT RIDGE TRAIL SE 2014 10 City Zip Code State Transaction ID: SA13A.4310 GΑ **MABLETON** 30126 FEC ID number of contributing С H4GA13034 Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Cisco Systems Program Manager Receipt For: 2014 Election Cycle-to-Date Y Primary General 19600.00 Other (specify) 7100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 44 (check only one)
Any information copied from such Reports and sor for commercial purposes, other than using the	person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Mailing Address 6049 COLT RIDGE TRAIL SE City MABLETON FEC ID number of contributing federal political committee. Name of Employer Cisco Systems Receipt For: 2014 Primary General Other (specify)	State GA C H40 Occupation Program Ma		Date of Receipt 02 10 2014 Transaction ID : SA13A.4313 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Mailing Address 6049 COLT RIDGE TRAIL SE City MABLETON	State GA	Zip Code 30126	Date of Receipt 02 18 2014 Transaction ID : SA13A.4316
FEC ID number of contributing federal political committee. Name of Employer Cisco Systems Receipt For: 2014 Primary General Other (specify)	Occupation Program Ma		Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) MICHAEL CLAUDE OWENS Mailing Address 6049 COLT RIDGE TRAIL SE City MABLETON FEC ID number of contributing federal political committee. Name of Employer	State GA C H44		Date of Receipt M M M
Cisco Systems Receipt For: 2014 Primary General Other (specify)	Program M Election Cy	anager ycle-to-Date 25100.00	

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

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

5000.00

12100.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 9 OF 44 (check only one) X 17			
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a			person for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) Citizens for Michael Owens						
Α.	Full Name (Last, First, Middle Initial) 3dna Corporation			Date of Disbursement			
	Mailing Address 448 S. Hill Street			01 16 2014			
	City State Los Angeles CA Purpose of Disbursement	Zip Code 90013		Amount of Each Disbursement this Period 499.00			
	Candidate Name Citizens for Michael Owens		001 Category/ Type	Transaction ID : SB17.4181			
	Office Sought: House Disbursement For	General	,				
В.		ame (Last, First, Middle Initial) a Corporation					
	Mailing Address 448 S. Hill Street	Zip Code		02 24 2014			
	City State Los Angeles CA		Amount of Each Disbursement this Period				
	Purpose of Disbursement		001	499.00 Transaction ID : SB17.4197			
	Candidate Name Citizens for Michael Owens		Category/ Type				
	Office Sought: Yes in the content of the content	General					
	Full Name (Last, First, Middle Initial)						
C.	Bulldog Financial Group Mailing Address 1250 Connecticut Ave NW			Date of Disbursement			
	#200	p Code		02 12 2014			
	Washington DC 2	0063	Γ	Amount of Each Disbursement this Period			
	Purpose of Disbursement	003	4150.00 Transaction ID : SB17.4193				
	Candidate Name Citizens for Michael Owens	Category/ Type					
	Office Sought: House Disbursement For	General					
Г	State: GA District: 13						
s	SUBTOTAL of Disbursements This Page (optional)			5148.00			

ITEMIZED DISBURSEMENTS

PAGE 10 44 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 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. NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 2014 Mailing Address 601 Willow Road 01 09 City State Zip Code Amount of Each Disbursement this Period CA Menlo Park 94025 Purpose of Disbursement 26.17 004 Transaction ID: SB17.4220 Candidate Name Category/ Citizens for Michael Owens Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President GΑ State: District: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 601 Willow Road 01 10 2014 City State Zip Code Amount of Each Disbursement this Period Menlo Park CA 94025 26.53 Purpose of Disbursement 004 Transaction ID: SB17.4221 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Mailing Address 601 Willow Road 2014 01 City State Zip Code Amount of Each Disbursement this Period 94025 Menlo Park CA Purpose of Disbursement 37.55 004 Transaction ID : SB17.4222 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House General Senate Primary

Other (specify)

State:

GA

President

13

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

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

District:

90.25

ITEMIZED DISBURSEMENTS

PAGE 11 44 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 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. NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 2014 Mailing Address 601 Willow Road 01 12 City State Zip Code Amount of Each Disbursement this Period CA Menlo Park 94025 Purpose of Disbursement 35.36 004 Transaction ID: SB17.4223 Candidate Name Category/ Citizens for Michael Owens Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President GΑ State: District: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 601 Willow Road 01 13 2014 City State Zip Code Amount of Each Disbursement this Period Menlo Park CA 94025 Purpose of Disbursement 40.45 004 Transaction ID: SB17.4224 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Mailing Address 601 Willow Road 2014 01 City State Zip Code Amount of Each Disbursement this Period 94025 Menlo Park CA Purpose of Disbursement 33.28 004 Transaction ID : SB17.4225 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House

General

Primary

Other (specify)

State:

GA

Senate

District:

President

13

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

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

109.09

			Т	FOR LINE NUMBER: PAGE 12 OF 44			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	schedule(s) (check only one) gory of the X 17 18 19a				
	y information copied from such Reports and Statements of for commercial purposes, other than using the name and			person for the purpose of soliciting contributions			
\rangle	NAME OF COMMITTEE (In Full) Citizens for Michael Owens						
۹.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement			
	Mailing Address 601 Willow Road			01 15 2014			
	City State Menlo Park CA	Zip Code 94025		Amount of Each Disbursement this Period			
	Purpose of Disbursement		004	36.88 Transaction ID : SB17.4226			
	Candidate Name Citizens for Michael Owens		Category/ Type				
	Full Name (Last, First, Middle Initial)						
3.	Facebook Mailing Address 601 Willow Road			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State Menlo Park CA Purpose of Disbursement	Zip Code 94025		Amount of Each Disbursement this Period 41.89			
	Candidate Name Citizens for Michael Owens		004 Category/	Transaction ID : SB17.4227			
	Office Sought: House Disbursement Formation	or: 2014 y General (specify)	Туре				
٥.	State: GA District: 13 Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement			
	Mailing Address 601 Willow Road			01 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	•	Park CA 94025					
	Candidate Name Citizens for Michael Owens		004 Category/ Type	Transaction ID : SB17.4228			
	Office Sought: House Disbursement Formation						

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	E NUMBER	₹:	P/	AGE	13	OF	44
Use separate schedule(s)	(check o	nly one)						
for each category of the Detailed Summary Page	>	X 17	18	3		19a		19b
Detailed Garrinary 1 age		20a	20)b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.								

Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) A. Facebook Date of Disbursement 2014 Mailing Address 601 Willow Road 01 18 City Zip Code State Amount of Each Disbursement this Period CA Menlo Park 94025 Purpose of Disbursement 41.02 004 Transaction ID: SB17.4229 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House Senate Primary General Other (specify) President GΑ State: District: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 601 Willow Road 01 19 2014 City State Zip Code Amount of Each Disbursement this Period CA Menlo Park 94025 40.61 Purpose of Disbursement 004 Transaction ID: SB17.4230 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: House Disbursement For: 2014 Senate Primary General President Other (specify) State: GΑ District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Mailing Address 601 Willow Road 01 20 2014 City Zip Code State Amount of Each Disbursement this Period Menlo Park 94025 CA Purpose of Disbursement 40.00 004 Transaction ID : SB17.4231 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) GΑ State: District: 13 121.63 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 44 (check only one) X 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Citizens for Michael Owens		
Full Name (Last, First, Middle Initial) A. Facebook Mailing Address 601 Willow Road		Date of Disbursement O1
City State Menlo Park CA	Zip Code 94025	Amount of Each Disbursement this Period
Candidate Name Citizens for Michael Owens Office Sought: Value	General	39.79 Transaction ID : SB17.4232
B. Full Name (Last, First, Middle Initial) Mailing Address 601 Willow Road		Date of Disbursement M M / D D / Y Y Y Y Y 01 22 2014
City State Menlo Park CA Purpose of Disbursement Candidate Name	Zip Code 94025	Amount of Each Disbursement this Period 39.99 Transaction ID: SB17.4233
Citizens for Michael Owens Office Sought: House Disbursement For: Senate President President State: GA District: 13	General	
Full Name (Last, First, Middle Initial) C. Facebook Mailing Address 601 Willow Road		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Menlo Park CA 940 Purpose of Disbursement Candidate Name Citizens for Michael Owens	004 Category, Type	Amount of Each Disbursement this Period 41.09 Transaction ID: SB17.4234
Office Sought: Senate President State: GA Disbursement For: Primary Other (spe	General	120.87

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sci for each categor Detailed Summa	nedule(s) (c y of the y Page	OR LINE NUMBER: PAGE 15 OF 44 check only one) X 17
Any information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road			Date of Disbursement O1 24 2014
Menlo Park Purpose of Disbursement Candidate Name Citizens for Michael Owens	State Zip Code CA 94025 ment For: 2014 Primary General Other (specify)	004 Category/ Type	Amount of Each Disbursement this Period 42.12 Transaction ID : SB17.4235
State: GA District: 13 Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road	Circl (specify)		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Menlo Park Purpose of Disbursement Candidate Name	State Zip Code CA 94025	004 Category/	Amount of Each Disbursement this Period 43.41 Transaction ID : SB17.4236
Citizens for Michael Owens Office Sought: House Senate President State: GA District: 13	ment For: 2014 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Menlo Park CA Purpose of Disbursement Candidate Name Citizens for Michael Owens	Zip Code 94025	004 Category/ Type	Amount of Each Disbursement this Period 42.19 Transaction ID : SB17.4237
Office Sought: House Disburse	nent For: 2014 Primary General Other (specify)		127 72

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	edule(s) of the	FOR LINE NUMBER: PAGE 16 OF 44 (check only one)
	y information copied from such Reports and Statements for commercial purposes, other than using the name and			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
۹.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			01 28 2014
	City State Menlo Park CA	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	41.34 Transaction ID : SB17.4238
	Candidate Name Citizens for Michael Owens		Category/ Type	
	State: GA District: 13 Full Name (Last, First, Middle Initial)			
3.	Mailing Address 601 Willow Road			Date of Disbursement M M M / D D / Y D Y D Y D Y D D Y D D D D D D
	City State Menlo Park CA Purpose of Disbursement	Zip Code 94025		Amount of Each Disbursement this Period 51.20
	Candidate Name Citizens for Michael Owens		004 Category/ Type	Transaction ID : SB17.4239
	Office Sought: House Disbursement Formation	or: 2014 y General (specify)	Туре	
D.	State: GA District: 13 Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			01 / D D / Y Y Y Y Y Y 2014
	City State 2 Menlo Park CA Purpose of Disbursement	Zip Code 94025		Amount of Each Disbursement this Period 44.97
	Candidate Name Citizens for Michael Owens		004 Category/ Type	Transaction ID : SB17.4240
	Office Sought: House Disbursement Fo		.,,,,,	

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

SCHEDULE B (FEC Form 3)

PAGE 17 44 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 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. NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 2014 Mailing Address 601 Willow Road 01 31 City State Zip Code Amount of Each Disbursement this Period CA Menlo Park 94025 Purpose of Disbursement 38.60 004 Transaction ID: SB17.4241 Candidate Name Category/ Citizens for Michael Owens Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President GΑ State: District: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 601 Willow Road 02 01 2014 City State Zip Code Amount of Each Disbursement this Period Menlo Park CA 94025 35.14 Purpose of Disbursement 004 Transaction ID: SB17.4242 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Mailing Address 601 Willow Road 02 01 2014 City State Zip Code Amount of Each Disbursement this Period 94025 Menlo Park CA Purpose of Disbursement 40.44 004 Transaction ID: SB17.4243 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: GA District: 13 114.18 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC FO EMIZED DISBURSEM	•	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one) X 17
					person for the purpose of soliciting contributions e to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Citizens for Michael O	wens			
	Full Name (Last, First, Middle In	itial)			
۹.	Facebook				Date of Disbursement
	Mailing Address 601 Willow Roa	d			02 02 7 2014
	Cit.	Ctata	7:n Codo		
	City Menlo Park	State CA	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		34020		37.58
				004	Transaction ID : SB17.4244
	Candidate Name			Category/	Transaction is . OBT7.4244
	Citizens for Michael O	wens		Type	
	Office Sought: House	Disbursement For			
	Senate	Primary			
	State: GA District: 13	,	specify)		
_	State: GA District: 13 Full Name (Last, First, Middle In				
	Facebook	itial)			Date of Disbursement
3.	1 doobook				
	Mailing Address 601 Willow Roa	ad			02 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	0''	21.1	7: 0 1		
	City	State CA	Zip Code		Amount of Each Disbursement this Period
	Menlo Park Purpose of Disbursement	- CA	94025		35.16
	Turpose of Disbursement			004	
	Candidate Name			Catagony	Transaction ID : SB17.4245
	Citizens for Michael C)wens		Category/ Type	
	Office Sought: X House	Disbursement For	: 2014		
	Senate	Y Primary	General		
	President		specify)		
	State: GA District: 13				
	Full Name (Last, First, Middle In	itiai)			Date of Disbursement
Э.	Facebook				
	Mailing Address 601 Willow Roa	d			02 04 2014
	o oo willow Roa	u			02 04 2014
	City		p Code		Amount of Each Disbursement this Period
	Menlo Park CA 94025				
	Purpose of Disbursement			004	35.16
	Candidate Name				Transaction ID : SB17.4246
	Citizens for Michael C)wens		Category/ Type	
	Office Sought:	Disbursement For	: 2014	.,,,,	\dashv
	Senate	X Primary			
	President	Other (s	specify)		
	State: GA District: 13				
					107.90

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

ım	nage# 14960799123			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 19 OF 44 (check only one) X 17 18 19a 19b 20a 20b 20c 21
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
<u>S.</u>	NAME OF COMMITTEE (In Full) Citizens for Michael Owens	address of any pon	noar committe	to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			Data of Diskumannant
A.	Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			02 05 2014
	City State Menlo Park CA	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	37.14
	Candidate Name Citizens for Michael Owens		Category/ Type	Transaction ID : SB17.4247
	Office Sought: House Senate President State: GA Disbursement For Primary Other (s	General	.,,,,,	
_	Full Name (Last, First, Middle Initial)			
В.	Facebook Mailing Address 601 Willow Road			Date of Disbursement
	City State	Zip Code		G2 G6
	Menlo Park CA	94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	36.64 Transaction ID : SB17.4248
	Candidate Name Citizens for Michael Owens		Category/ Type	Transaction ID . 3517.4240
	Office Sought: House Disbursement For	General		
_	State: GA District: 13			
C.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			02 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Menlo Park CA 9	p Code 4025		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		004	38.00 Transaction ID : SB17.4249
	Citizens for Michael Owens		Category/ Type	
	Office Sought: House Disbursement For	General		

State:

GΑ

District:

13

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

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

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SCHEDULE B (FEC Form 3)

PAGE 20 44 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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. NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 2014 Mailing Address 601 Willow Road 02 09 City State Zip Code Amount of Each Disbursement this Period CA Menlo Park 94025 Purpose of Disbursement 56.62 004 Transaction ID: SB17.4250 Candidate Name Category/ Citizens for Michael Owens Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President GΑ State: District: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 601 Willow Road 02 10 2014 City State Zip Code Amount of Each Disbursement this Period Menlo Park CA 94025 Purpose of Disbursement 36.41 004 Transaction ID: SB17.4255 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Mailing Address 601 Willow Road 02 2014 City State Zip Code Amount of Each Disbursement this Period 94025 Menlo Park CA Purpose of Disbursement 34.40 004 Transaction ID : SB17.4256 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: GA District: 13 127.43 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each catego Detailed Summa	chedule(s) (FOR LINE NUMBER: PAGE 21 OF 44 (check only one)
	ry information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or	r used by any p	20a 20b 20c 21 erson for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
۱.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			02 12 2014
	City Menlo Park	State Zip Code CA 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	35.11 Transaction ID : SB17.4257
	Candidate Name Citizens for Michael Owens		Category/ Type	
	Senate President	resement For: 2014 Primary General Other (specify)		
	State: GA District: 13 Full Name (Last, First, Middle Initial)			
3.	Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			02 13 2014
	City Menlo Park	State Zip Code CA 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement			30.38
	Candidate Name Citizens for Michael Owens		004 Category/	Transaction ID : SB17.4258
	Office Sought: Y House Disbur	rsement For: 2014	Туре	_
	Senate President	Primary General Other (specify)		
	State: GA District: 13 Full Name (Last, First, Middle Initial)			
).	Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			02 / D D / Y Y Y Y Y 15 2014
	,	ate Zip Code CA 94025		Amount of Each Disbursement this Period
	Menlo Park CA 94025 Purpose of Disbursement			53.16
	Candidate Name Citizens for Michael Owens		Category/ Type	Transaction ID : SB17.4259
		rsement For: 2014	liyhe	
	Senate President State: GA District: 13	Primary General Other (specify)		
				118 65

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (of the	FOR LINE NUMBER: PAGE 22 OF 44 (check only one) X 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
Α.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road City State	Zip Code		Amount of Each Disbursement this Period
	Menlo Park CA Purpose of Disbursement Candidate Name Citizens for Michael Owens	94025	004 Category/	45.38 Transaction ID : SB17.4260
	Office Sought: House Senate President State: GA District: 13 Disbursement For Primary Other (s	General	Туре	
В.	Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road			Date of Disbursement O2 17 2014
	City State Menlo Park CA Purpose of Disbursement	Zip Code 94025	004	Amount of Each Disbursement this Period 39.28 Transaction ID: SB17.4261
	Candidate Name Citizens for Michael Owens Office Sought: Senate President State: GA Disbursement For Primary Other (s	General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		p Code 14025	004 Category/ Type	Amount of Each Disbursement this Period 48.80 Transaction ID: SB17.4262
	Office Sought: House Disbursement For	General		
1				133.46

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

ITEMIZED DISBURSEMENTS

PAGE 23 44 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 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. NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 2014 Mailing Address 601 Willow Road 02 19 City State Zip Code Amount of Each Disbursement this Period CA Menlo Park 94025 Purpose of Disbursement 58.68 004 Transaction ID: SB17.4263 Candidate Name Category/ Citizens for Michael Owens Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President GΑ State: District: Full Name (Last, First, Middle Initial) Facebook Date of Disbursement Mailing Address 601 Willow Road 02 20 2014 City State Zip Code Amount of Each Disbursement this Period Menlo Park CA 94025 81.63 Purpose of Disbursement 004 Transaction ID: SB17.4264 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Mailing Address 601 Willow Road 02 2014 24 City State Zip Code Amount of Each Disbursement this Period 94025 Menlo Park CA Purpose of Disbursement 251.34 004 Transaction ID : SB17.4265 Candidate Name Category/ Citizens for Michael Owens Type Office Sought: Disbursement For: 2014 House General

State:

GA

Senate

District:

President

13

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

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

Primary

Other (specify)

391.65

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schr for each category Detailed Summary	edule(s) (a of the	FOR LINE NUMBER: PAGE 24 OF 44 check only one) X 17
	y information copied from such Reports and Statements of for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
۱.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			03 03 2014
	City State Menlo Park CA	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	2.97 Transaction ID : SB17.4199
	Candidate Name Citizens for Michael Owens		Category/ Type	
	Office Sought: House Disbursement Formation			
3.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			03 03 2014
	City State Menlo Park CA	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	254.55 Transaction ID : SB17.4201
	Candidate Name Citizens for Michael Owens		Category/ Type	
	President Other (or: 2014 y General (specify)		
	State: GA District: 13 Full Name (Last, First, Middle Initial)			
).	Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			03 / D D / Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
	•	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement	se of Disbursement		350.00
	Candidate Name Citizens for Michael Owens		Category/ Type	Transaction ID: SB17.4205
	Office Sought: House Disbursement Formation			
	State: GA District: 13			
				607.52

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 25 OF 44 (check only one) X 17
	y information copied from such Reports and Statements for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
۹.	Full Name (Last, First, Middle Initial) Facebook			Date of Disbursement
	Mailing Address 601 Willow Road			03 10 2014
	City State Menlo Park CA Purpose of Disbursement	Zip Code 94025	004	Amount of Each Disbursement this Period 500.17 Transaction ID : SB17.4206
	Candidate Name Citizens for Michael Owens Office Sought: House Senate President President State: GA District: 13		Category/ Type	Transaction ib . 3B17.4200
3.	Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Menlo Park CA	Zip Code 94025		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name Citizens for Michael Owens Office Sought: House Senate President President State: GA District: 13	or: 2014 ry General (specify)	004 Category/ Type	751.88 Transaction ID : SB17.4266
Э.	Full Name (Last, First, Middle Initial) Facebook Mailing Address 601 Willow Road			Date of Disbursement M M / D D / Y Y Y Y 03 31 2014
	Menlo Park Purpose of Disbursement Candidate Name Citizens for Michael Owens Office Sought: House Senate Disbursement For Primare		004 Category/ Type	Amount of Each Disbursement this Period 750.89 Transaction ID : SB17.4268
	UBTOTAL of Disbursements This Page (optional)			2002.94
9	CDICIAL OF DISDUISCING THIS Fage (Optional)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Citizens for Michael Owens Full Name (Last, First, Middle Initial) A. Hot Cards		Date of Disbursement
Cleveland Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	State Zip Code DH 44114 006 Category, Type nent For: 2014 Primary General Other (specify)	Amount of Each Disbursement this Period 177.81 Transaction ID: SB17.4276
Duluth Purpose of Disbursement Consultant Pay Candidate Name Citizens for Michael Owens Office Sought: House Disburser	State Zip Code GA 30097 001 Category, Type nent For: 2014 Primary General Other (specify)	Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period 1100.00 Transaction ID: SB17.4167
Full Name (Last, First, Middle Initial) C. Loveless Johnson III Mailing Address 1657 Westvale Place City State Duluth GA Purpose of Disbursement Consultant Fee Candidate Name Citizens for Michael Owens Office Sought: House Senate President State: GA District: 13	Zip Code 30097 001 Category, Type nent For: 2014 Primary General Other (specify)	Date of Disbursement M M M / D D / Y Y Y Y Amount of Each Disbursement this Period 550.00 Transaction ID: SB17.4169

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

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

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 44 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Citizens for Michael Owens		
Full Name (Last, First, Middle Initial) A. Loveless Johnson III		Date of Disbursement
Mailing Address 1657 Westvale Place		03 07 2014
City State Duluth GA	Zip Code 30097	Amount of Each Disbursement this Period
Purpose of Disbursement Consultant Fee	001	550.00 Transaction ID : SB17.4170
Candidate Name Citizens for Michael Owens	Category Type	
Office Sought: House Senate President Disbursement For Primar Other	or: 2014	
State: GA District: 13 Full Name (Last, First, Middle Initial)		
Loveless Johnson III Mailing Address 1657 Westvale Place		Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
City State	Zip Code	
Duluth GA	30097	Amount of Each Disbursement this Period
Purpose of Disbursement Consultant Fee	001	550.00 Transaction ID : SB17.4171
Candidate Name Citizens for Michael Owens	Category Type	
Office Sought: Senate Disbursement Formula		
Full Name (Last, First, Middle Initial)		
c. Loveless Johnson III		Date of Disbursement
Mailing Address 1657 Westvale Place		03 / D D / Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z
•	Zip Code	Amount of Each Disbursement this Period
Duluth GA Purpose of Disbursement Consultant Fee	30097	550.00
Candidate Name Citizens for Michael Owens	Category	Transaction ID : SB17.4172
Office Sought: House Disbursement Formula		
State: GA District: 13		
SUBTOTAL of Disbursements This Page (optional)		1650.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 28 OF 44 (check only one) X 17
	y information copied from such Reports and Statements for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
۹.	Full Name (Last, First, Middle Initial) Loveless Johnson III			Date of Disbursement
	Mailing Address 1657 Westvale Place			03 28 2014
	City State Duluth GA	Zip Code 30097		Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant Fee		001	550.00 Transaction ID : SB17.4173
	Candidate Name Citizens for Michael Owens		Category/ Type	Transaction is . 35 Trans
	State: GA District: 13 Full Name (Last, First, Middle Initial)			
3.	Theron Johnson			Date of Disbursement
	Mailing Address 6957 Adel Ln	7'. 0.4.		01 10 2014
	CityStateRiverdaleGA	Zip Code 30274-3155		Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant Fee		001	400.00 Transaction ID : SB17.4154
	Candidate Name Citizens for Michael Owens		Category/ Type	
	Office Sought: House Disbursement Formation			
	State: GA District: 13			
Э.	Full Name (Last, First, Middle Initial) Theron Johnson			Date of Disbursement
	Mailing Address 6957 Adel Ln			01
	•	Zip Code 30274-3155		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Consultant Pay		001	400.00
	Candidate Name Citizens for Michael Owens		Category/ Type	Transaction ID : SB17.4157
	Office Sought: House Disbursement Formation			
	State: GA District: 13			
				1350.00

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) (of the	FOR LINE NUMBER: PAGE 29 OF 44 check only one) X 17
	y information copied from such Reports and Statements n for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) Citizens for Michael Owens			
Α.	Full Name (Last, First, Middle Initial) Theron Johnson Mailing Address 6957 Adel Ln			Date of Disbursement O1 24 2014
	City State Riverdale GA Purpose of Disbursement	Zip Code 30274-3155		Amount of Each Disbursement this Period 400.00
	Political Consultant Pay Candidate Name Citizens for Michael Owens Office Sought: House Senate President State: GA District: 13		O01 Category/ Type	Transaction ID : SB17.4159
В.	Full Name (Last, First, Middle Initial) Theron Johnson Mailing Address 6957 Adel Ln			Date of Disbursement O1 31 2014
	City State Riverdale GA Purpose of Disbursement Political Consultant Pay Candidate Name Citizens for Michael Owens	Zip Code 30274-3155	001 Category/	Amount of Each Disbursement this Period 400.00 Transaction ID: SB17.4160
_	Office Sought: House Disbursement Fo	or: 2014 / General (specify)	Туре	
C.	Full Name (Last, First, Middle Initial) Theron Johnson Mailing Address 6957 Adel Ln			Date of Disbursement M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	•	(ip Code 30274-3155	001 Category/ Type	Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4161
	Office Sought: House Disbursement Fo Senate Primary			
1				1200.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

A. Theron Johnson

Citizens for Michael Owens

Full Name (Last, First, Middle Initial)

44 PAGE 30 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 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. Date of Disbursement

		M M / D D / Y Y Y Y Y
Mailing Address 6957 Adel Ln		02 14 2014
City State Zip Code Riverdale GA 30274-3155		Amount of Each Disbursement this Period
Purpose of Disbursement Political Consultant Pay	001	400.00 Transaction ID : SB17.4162
Candidate Name Citizens for Michael Owens	Category/ Type	
Office Sought: House Senate President Other (specify)		
Full Name (Last, First, Middle Initial)		
Theron Johnson		Date of Disbursement
		M M / D D / Y Y Y
Mailing Address 6957 Adel Ln		02 21 2014
City State Zip Code		Amount of Each Disbursement this Period
Riverdale GA 30274-3155		
Purpose of Disbursement Political Consultant Pay	001	400.00 Transaction ID : SB17.4163
Candidate Name Citizens for Michael Owens	Category/ Type	Transaction is . 55 17.4400
Office Sought: Senate Disbursement For: 2014 Senate President Other (specify) State: GA District: 13		
Full Name (Last, First, Middle Initial)		
Theron Johnson		Date of Disbursement
Mailing Address 6957 Adel Ln		02 21 2014
City State Zip Code		Amount of Each Disbursement this Period
Riverdale GA 30274-3155	_	
Purpose of Disbursement Political Consultant Pay	001	400.00
Candidate Name Citizens for Michael Owens	Category/ Type	Transaction ID : SB17.4164
Office Sought: House Disbursement For: 2014 Primary General		
SUBTOTAL of Disbursements This Page (optional)		1200.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Use separate for each cat Detailed Sur	e schedule(s) (che	R LINE NUMBER: PAGE 31 OF 44 eck only one) X 17
Any information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any		
NAME OF COMMITTEE (In Full) Citizens for Michael Owens		
Full Name (Last, First, Middle Initial) A. Theron Johnson Mailing Address 6957 Adel Ln		Date of Disbursement O2 28 2014
City State Zip Code Riverdale GA 30274-31 Purpose of Disbursement	55	Amount of Each Disbursement this Period 400.00
Candidate Name Citizens for Michael Owens Office Sought: House Senate President State: GA District: 13 Candidate Name Disbursement For: 2014 Primary Other (specify)	Category/ Type	Transaction ID : SB17.4165
B. Full Name (Last, First, Middle Initial) LittleSmith Strategies Mailing Address 601 Shadowbrook Ct		Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
City State Zip Code Antioch TN 30713 Purpose of Disbursement Political Consultant Pay Candidate Name	001 .	Amount of Each Disbursement this Period 4000.00 Transaction ID: SB17.4208
Citizens for Michael Owens Office Sought: House Senate President President State: GA District: 13	Type eral	
Full Name (Last, First, Middle Initial) C. Mexico Lindo Restaurant Mailing Address 848 Veterans Memorial Hwy SW		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Mableton GA 30126 Purpose of Disbursement Candidate Name Citizens for Michael Owens	007 Category/ Type	Amount of Each Disbursement this Period 312.70 Transaction ID : SB17.4210
Office Sought: House Disbursement For: 2014 Senate Primary General State: GA District: 13	eral	4712.70

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

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) of the	FOR LINE NUMBER: (check only one) X 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Citizens for Michael Owens	, , , , , , , , , , , , , , , , , , ,		
۹.	Full Name (Last, First, Middle Initial) OOShirts			Date of Disbursement
	Mailing Address 64 Shattuck Square			01 15 2014
	City State Berkeley FL	Zip Code 94704		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		004 Category/	225.32 Transaction ID : SB17.4174
	Citizens for Michael Owens Office Sought: House Senate Primary Other (s. State: GA District: 13	General	Type	
3.	Full Name (Last, First, Middle Initial) Same Day Printing Mailing Address 1450 West Peachtree St			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Atlanta GA	Zip Code 30309		Amount of Each Disbursement this Period 482.00
	Purpose of Disbursement Candidate Name Citizens for Michael Owens		004 Category/ Type	Transaction ID : SB17.4182
	Office Sought: House Disbursement Form	General		
Э.	Full Name (Last, First, Middle Initial) Stella's Neighborhood Grill			Date of Disbursement
	Mailing Address 2810 East-West Connector			01 18 2014
		p Code 0106	007	Amount of Each Disbursement this Period 230.58
	Candidate Name Citizens for Michael Owens Office Sought: House Disbursement Form	: 2014	Category/ Type	Transaction ID : SB17.4271
	Senate President State Other (s	General		

State:

GΑ

District:

13

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

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

937.90

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 33 OF 44 (check only one) X 17
				person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Citizens for Michael Owens	<u> </u>			
Full Name (Last, First, Middle Initial) A. Stella's Neighborhood Grill				Date of Disbursement O1 21 2014
Mailing Address 2810 East-West Connect City	State	Zip Code		Amount of Each Disbursement this Period
Austell Purpose of Disbursement	GA	30106	007	40.39 Transaction ID : SB17.4212
Candidate Name Citizens for Michael Owens Office Sought: House	Disbursement For:	2014	Category/ Type	
Senate President State: GA District: 13	Primary Other (s	General pecify)		
Full Name (Last, First, Middle Initial) Super Cheap Signs				Date of Disbursement
Mailing Address 9804 Gray Blvd.	21.	7: 0		02 05 2014
City Austin	State TX	Zip Code 78758		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name			004	1465.50 Transaction ID : SB17.4188
Citizens for Michael Owens	Disbursement For:	2014	Category/ Type	
Office Sought: House Senate President State: GA District: 13	Primary Other (s	General		
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y
City	State Zip	Code		Amount of Each Disbursement this Period
Purpose of Disbursement				
Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary Other (s	General		
State: District:				
SUBTOTAL of Disbursements This Page (o	ptional)			1505.89

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

24076.47

Use separate schedule(s)

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DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full) Citizens for Michael Ow	ens		Transac	ction ID : SC/10.4122
MICHAEL CLAUDE C		lle Initial)	[PERSONAL FUNDS]	Election: 2014 X Primary General Other (specify) ▼
6049 COLT RIDGE TRAIL SE				
City	;	State ZIP Co		
MABLETON		GA 30126		
Original Amount of Loan	2500.00	Cumulative Payment To	Date Bala 0.00	ance Outstanding at Close of This Period 2500.00
TERMS		,	,	, , , , , , , , , , , , , , , , , , , ,
Date Incurred	Ž013 Y	Date Due	Interest Rate 1/30/2014 0.00	
List All Endorsers or Guaran	ntors (if any) to	Loan Source		100 110
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	g g
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This P	age (optional)		·····	2500.00
FOTALS This Period (last page	in this line only)		·····	, ,
Carry outstanding balance only	to LINE 3. Sche	dule D, for this line. If	no Schedule D. carry forv	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4119 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D29^D 2013 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4120 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D16^D ^M 12^M 2013 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4121 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 12^M 2013 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page 13b Transaction ID: SC/10.4143 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M 12^M 2013 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4308 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D 15 ž014 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4309 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D31 ž014 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4310 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2600.00 0.00 2600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D10^D ž014 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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Detailed Summary Page Transaction ID: SC/10.4313 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D10^D ž014 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4316 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 2000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M 02^M ž014 11/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4317 NAME OF COMMITTEE (In Full) Citizens for Michael Owens LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MICHAEL CLAUDE OWENS General Mailing Address Other (specify) \blacktriangledown 6049 COLT RIDGE TRAIL SE State ZIP Code City GΑ 30126 **MABLETON** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 2000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D28^D ž014 11/30/2014 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.