

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

through

M M /

D D /

Y Y Y Y

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

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Michael Owens

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

	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))....	4150.00	4150.00
(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)).....	4150.00	4150.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12530.00	12530.00
(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)).....	12530.00	12530.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3120.00	
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).....	11500.00	

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: M M / D D / Y Y Y Y 07 / 18 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	2850.00	2850.00
(ii) Unitemized.....	300.00	300.00
(iii) TOTAL of contributions from individuals ▶	3150.00	3150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1000.00	1000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4150.00	4150.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	11500.00	11500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	11500.00	11500.00
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)..... ▶	15650.00	15650.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12530.00	12530.00
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) ►	12530.00	12530.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15650.00
25. SUBTOTAL (add Line 23 and Line 24).....	15650.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12530.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3120.00

**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 5 OF 17
	<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	

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

A. Full Name (Last, First, Middle Initial)
Michael Keating

Mailing Address 152 6th St.

City Greenport State NY Zip Code 11944

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
 250.00

B. 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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2013

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
 2600.00

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 M / D 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).....

2850.00

2850.00

**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 17
	<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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2013

Transaction ID : SA11D.4116

Amount of Each Receipt this Period
 1000.00

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).....

1000.00

1000.00

**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 17
	<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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 14 / 2013

Transaction ID : SA13A.4122

Amount of Each Receipt this Period
2500.00

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
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 29 / 2013

Transaction ID : SA13A.4119

Amount of Each Receipt this Period
1000.00

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
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA13A.4120

Amount of Each Receipt this Period
1000.00

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

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

4500.00

**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 17
	<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
 _____ 11500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2013

Transaction ID : SA13A.4121

Amount of Each Receipt this Period
 _____ 6000.00

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
 _____ 12500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA13A.4143

Amount of Each Receipt this Period
 _____ 1000.00

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

Amount of Each Receipt this Period

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

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

_____ 7000.00

_____ 11500.00

**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 17			
	<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. 20 20 Insight LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 5300 Peachtree Rd Ste 330		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.4134
City Atlanta State GA Zip Code 30341-2460	Purpose of Disbursement 005 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. 3dna Corporation		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 448 S. Hill Street		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.4129
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement 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. 3dna Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 448 S. Hill Street		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.4131
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement 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).....	3148.00
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 17			
	<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 12 / 16 / 2013
Mailing Address 448 S. Hill Street		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.4132
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement 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. 3dna Corporation		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 448 S. Hill Street		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.4133
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement 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. Carter Research, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 410 Morgans Landing Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4125
City Atlanta	State GA	
Zip Code 30350-4824	Purpose of Disbursement Campaign Consulting 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).....	2398.00
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 11 OF 17			
	<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 12 / 04 / 2013
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4138
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 12 / 16 / 2013
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4140
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 12 / 23 / 2013
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4141
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).....	2000.00
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 12 OF 17			
	<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 12 / 31 / 2013
Mailing Address 6957 Adel Ln		Amount of Each Disbursement this Period 435.00 Transaction ID : SB17.4142
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 M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 601 Shadowbrook Ct		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4144
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. Don Weigel		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 7910 Michael Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4127
City Orchard Park	State NY	
Purpose of Disbursement Political Consulting	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).....	4935.00
TOTAL This Period (last page this line number only).....	12481.00

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

M 11 / D 14 / 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)..... ▶

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

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M 11 / D 29 / 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

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/10.4120

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 16 / 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

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

NAME OF COMMITTEE (In Full) **Citizens for Michael Owens** Transaction ID : **SC/10.4143**

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 / 31 / 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).....	▶	11500.00

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