

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 FRIENDS OF GARY GERRARD, INC

ADDRESS (number and street) PO BOX 67 LEXINGTON GA 30648

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544437 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT GA 10

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)

(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 05 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edd Lowe

Signature of Treasurer Edd Lowe [Electronically Filed] Date 07 / 10 / 2014

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF GARY GERRARD, INC

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))....	5045.00	113298.52
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4545.00	112798.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	60330.36	198764.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	800.00	800.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	59530.36	197964.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

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

FRIENDS OF GARY GERRARD, INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4020.00	92772.82
(ii) Unitemized.....	1025.00	13487.62
(iii) TOTAL of contributions from individuals ▶	5045.00	106260.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	7038.08
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5045.00	113298.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	140000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	140000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	800.00	800.00
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)..... ▶	105845.00	254098.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60330.36	198764.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	54733.73	54733.73
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	54733.73	54733.73
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(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)).....	500.00	500.00
21. OTHER DISBURSEMENTS	0.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	115564.09	254098.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9719.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	105845.00
25. SUBTOTAL (add Line 23 and Line 24).....	115564.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	115564.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 28
	<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)
FRIENDS OF GARY GERRARD, INC

A. Full Name (Last, First, Middle Initial)
Julie Alewine

Mailing Address PO Box 580

City Hull State GA Zip Code 30646

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.5001

Amount of Each Receipt this Period
 1250.00

Reattribution from Spouse

B. Full Name (Last, First, Middle Initial)
Stephen C Alewine

Mailing Address PO Box 580

City Hull State GA Zip Code 30646

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

Name of Employer Occupation

Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.4763

Amount of Each Receipt this Period
 1250.00

REATTRIBUTION REQUESTED

[MEMO ITEM]

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

Mailing Address PO Box 580

City Hull State GA Zip Code 30646

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

Name of Employer Occupation

Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period
 -1250.00

Reattribute: REATTRIBUTION REQUESTED

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

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

0.00

**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 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Hilda Duncan		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 398 Highway 11 SW		Transaction ID : SA11AI.4967	
City Monroe	State GA	Zip Code 30655	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation None		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Dennis Helmreich		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address PO Box 266		Transaction ID : SA11AI.4985	
City Lexington	State GA	Zip Code 30648	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Jennifer Hernandez		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 902 E 14th St		Transaction ID : SA11AI.4993	
City Hialeah	State FL	Zip Code 33010	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	_____

**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 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF GARY GERRARD, INC

A. Full Name (Last, First, Middle Initial)
James Jordan

Mailing Address 160 Rose Creek

City Milledgeville State GA Zip Code 31061

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2350 Randolph Church Rd

City Union Point State GA Zip Code 30669

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period
 500.00

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

Mailing Address 19140 NW 23rd St

City Pembroke Pins State FL Zip Code 33029

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Mark Smith		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 4027		Transaction ID : SA11AI.4965
City Eatonton	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Smiths Communications	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Marte Smith		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 4027		Transaction ID : SA11AI.4937
City Eatonton	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 720.00
Name of Employer Information Requested	Occupation Information Requested	In-kind - Advertising
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 720.00	

Full Name (Last, First, Middle Initial) C. Virginia Wells		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 3		Transaction ID : SA11AI.4987
City Watkinsville	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Realtor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1470.00
TOTAL This Period (last page this line number only).....	4020.00

**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 9 OF 28
	<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)
FRIENDS OF GARY GERRARD, INC

A. Full Name (Last, First, Middle Initial)
Gary Gerrard

Mailing Address 219 Gilmer Street

City Lexington State GA Zip Code 30648

FEC ID number of contributing federal political committee. **C H4GA10063**

Name of Employer Friends of Gary Gerrard Inc Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
147038.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA13A.4844

Amount of Each Receipt this Period
100000.00

Candidate Loan

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).....

100000.00

100000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : SA13A.4844

(Current loan amount of 85266.27 from a balance of 85266.27 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 11 OF 28	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF GARY GERRARD, INC

A. Full Name (Last, First, Middle Initial)
Barrow County Chamber of Commerce

Mailing Address **PO Box 456**

City **Winder** State **GA** Zip Code **30680**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **800.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA14.4933

Amount of Each Receipt this Period
800.00

Refund _____

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 M / D 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 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).....

800.00

800.00

**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 12 OF 28	
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address Third St, Suite 2B		Amount of Each Disbursement this Period 61.00
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4996
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address Third St, Suite 2B		Amount of Each Disbursement this Period 18.75
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4924
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Barrow County News		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO Drawer C		Amount of Each Disbursement this Period 389.80
City Winder	State GA	
Zip Code 30648	Purpose of Disbursement Advertising	Transaction ID : SB17.4913
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	469.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Jeff Corbin		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 3398 Forest Knoll Dr		Amount of Each Disbursement this Period 250.00
City Duluth	State GA	
Zip Code 30097	Purpose of Disbursement Media Consulting	Transaction ID : SB17.4931
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Gary Gerrard		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 219 Gilmer Street		Amount of Each Disbursement this Period 560.00
City Lexington	State GA	
Zip Code 30648	Purpose of Disbursement See Memo Entry	Transaction ID : SB17.4919
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) C. WJGA-FM		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address PO Box 878		Amount of Each Disbursement this Period 560.00
City Jackson	State GA	
Zip Code 30233	Purpose of Disbursement Advertising	Transaction ID : SB17.4919.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	810.00
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 14 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Gary Gerrard		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 219 Gilmer Street		Amount of Each Disbursement this Period 4708.87
City Lexington	State GA	
Zip Code 30648	Purpose of Disbursement See Memo Entries	Transaction ID : SB17.4941
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 250.13
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Advertising	Transaction ID : SB17.4941.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. WMGZ		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 156 Lake Laurel Rd NE		Amount of Each Disbursement this Period 1800.00
City Milledgeville	State GA	
Zip Code 31059	Purpose of Disbursement Radio Advertising	Transaction ID : SB17.4941.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4708.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Walton Tribune			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 124 N Broad Street			Amount of Each Disbursement this Period 804.80		
City Monroe	State GA	Zip Code 30655	Transaction ID : SB17.4941.2 [MEMO ITEM]		
Purpose of Disbursement Advertising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Clayton Daily News			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address PO Box 368			Amount of Each Disbursement this Period 660.00		
City Jonesboro	State GA	Zip Code 30237	Transaction ID : SB17.4941.4 [MEMO ITEM]		
Purpose of Disbursement Advertising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Morris Publishing Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 725 N Broad Street			Amount of Each Disbursement this Period 658.00		
City Augusta	State GA	Zip Code 30901	Transaction ID : SB17.4941.6 [MEMO ITEM]		
Purpose of Disbursement Advertising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 16 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Barrow County Chamber of Commerce			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 456			Amount of Each Disbursement this Period 20.00
City Winder	State GA	Zip Code 30680	
Purpose of Disbursement Event Tickets		Category/ Type	Transaction ID : SB17.4941.7 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Hi-Tech Signs			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1018 North Fifth Ave			Amount of Each Disbursement this Period 1615.70
City Rome	State GA	Zip Code 30165	
Purpose of Disbursement Signs		Category/ Type	Transaction ID : SB17.4922
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00
City Bogart	State GA	Zip Code 30622	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : SB17.4833
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1890.00
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 17 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00	
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4912	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00	
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4921	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00	
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4925	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	825.00
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 18 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014		
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00		
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4927		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00		
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4934		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Insight Strategic Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 2521 Gramercy Park Cr			Amount of Each Disbursement this Period 19999.00		
City Duluth	State GA	Zip Code 30097	Transaction ID : SB17.4910		
Purpose of Disbursement Media Buy		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	20549.00
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 19 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Insight Strategic Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 2521 Gramercy Park Cr		Amount of Each Disbursement this Period 11691.59 Transaction ID : SB17.4995
City Duluth	State GA	
Purpose of Disbursement Strategy Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Insight Strategic Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 2521 Gramercy Park Cr		Amount of Each Disbursement this Period 8031.67 Transaction ID : SB17.4923
City Duluth	State GA	
Purpose of Disbursement Direct Mail	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Insight Strategic Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2521 Gramercy Park Cr		Amount of Each Disbursement this Period 937.40 Transaction ID : SB17.4929
City Duluth	State GA	
Purpose of Disbursement Strategy Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	20660.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 28	
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Insight Strategic Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2521 Gramercy Park Cr		Amount of Each Disbursement this Period -150.00
City Duluth	State GA	
Zip Code 30097	Purpose of Disbursement Voided Check Duplicate Payment	Transaction ID : SB17.4940
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. J2 Productions Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 505 Corporate Center Dr Ste 107		Amount of Each Disbursement this Period 600.00
City Stockbridge	State AA	
Zip Code 30281	Purpose of Disbursement Media Consulting	Transaction ID : SB17.4915
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Morgan County Citizen		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO Box 708		Amount of Each Disbursement this Period 255.75
City Madison	State GA	
Zip Code 30650	Purpose of Disbursement Advertising	Transaction ID : SB17.4935
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	705.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. MyBasic LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 722 Friendly Hills Dr		Amount of Each Disbursement this Period 275.00
City Decatur	State GA	
Zip Code 30035	Purpose of Disbursement Video Production	Transaction ID : SB17.4911
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 1500.96
City Athens	State GA	
Zip Code 30606	Purpose of Disbursement Compliance Consulting	Transaction ID : SB17.4839
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 1517.76
City Athens	State GA	
Zip Code 30606	Purpose of Disbursement Compliance Consulting	Transaction ID : SB17.4957
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3293.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 28	
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Marte Smith		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 4027		Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.4939
City Eatonton	State GA	
Zip Code 31024	Purpose of Disbursement In-kind - Advertising	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Southeast Capital Consulting		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 278		Amount of Each Disbursement this Period 667.40 Transaction ID : SB17.4926
City Gainesville	State GA	
Zip Code 30503	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Southeast Capital Consulting		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO Box 278		Amount of Each Disbursement this Period 2999.71 Transaction ID : SB17.4928
City Gainesville	State GA	
Zip Code 30503	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4387.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 28	
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. The Herald Journal		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 149		Amount of Each Disbursement this Period 189.00 Transaction ID : SB17.4832
City Greensboro	State AA Zip Code 30642	
Purpose of Disbursement Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WACO 100		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 150		Amount of Each Disbursement this Period 960.00 Transaction ID : SB17.4840
City Sandersville	State GA Zip Code 31082	
Purpose of Disbursement Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WEZO		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1802 Killingsworth Rd		Amount of Each Disbursement this Period 756.00 Transaction ID : SB17.4842
City Augusta	State GA Zip Code 30904	
Purpose of Disbursement Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1905.00
TOTAL This Period (last page this line number only).....	60205.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 28	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Gary Gerrard		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 219 Gilmer Street		Amount of Each Disbursement this Period 40000.00 Transaction ID : SB19A.4959
City Lexington State GA Zip Code 30648	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Gary Gerrard		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 219 Gilmer Street		Amount of Each Disbursement this Period 14733.73 Transaction ID : SB19A.4960
City Lexington State GA Zip Code 30648	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

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

SUBTOTAL of Disbursements This Page (optional).....	54733.73
TOTAL This Period (last page this line number only).....	54733.73

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial)
A. William T Gerard

Mailing Address 22439 SE 313th PI

City Black Diamond State WA Zip Code 98010

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 03 / 2014

Amount of Each Disbursement this Period
500.00

Transaction ID : SB20A.4932

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF GARY GERRARD, INC** Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial) Gary Gerrard	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 219 Gilmer Street		

City	State	ZIP Code
Lexington	GA	30648

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	40000.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 04 / D 22 / Y 2013 Y	M / D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
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/10.4844

FRIENDS OF GARY GERRARD, INC

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

Gary Gerrard

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
219 Gilmer Street

City State ZIP Code
Lexington GA 30648

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 14733.73 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 01 / Y 2014 M M / D D / On Demand % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 0.00
TOTALS This Period (last page in this line only)..... 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4844

(Current loan amount of 85266.27 from a balance of 85266.27 has been forgiven)

Form/Schedule:

Transaction ID: