

# 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

LINDSEY FOR CONGRESS INC

ADDRESS (number and street) PO BOX 724194

Check if different than previously reported. (ACC)

ATLANTA

GA

31139

2. **FEC IDENTIFICATION NUMBER**

C C00544429

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

GA

11

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 MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 05 / 01 / 2014

through

MM / DD / YYYY 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 C. WADE MCGUFFEY, JR.

Signature of Treasurer C. WADE MCGUFFEY, JR.

[Electronically Filed]

Date

MM / DD / YYYY 07 / 15 / 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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**LINDSEY FOR CONGRESS 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))....	29789.51	458569.81
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5416.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29789.51	453153.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67931.24	742461.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	2923.32	2923.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65007.92	739538.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3615.32	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	292000.00	

**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

**LINDSEY FOR CONGRESS INC**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21522.51	368192.73
(ii) Unitemized.....	2167.00	32420.00
(iii) TOTAL of contributions from individuals ▶	23689.51	400612.73
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6100.00	56799.00
(d) The Candidate.....	0.00	1158.08
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29789.51	458569.81
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	295000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	295000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	2923.32	2923.32
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)..... ▶	37712.83	756493.13

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67931.24	742461.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees.....	0.00	2250.00
(c) Other Political Committees (such as PACs).....	0.00	2166.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5416.00
21. OTHER DISBURSEMENTS .....	2000.00	2000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69931.24	752877.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35833.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37712.83
25. SUBTOTAL (add Line 23 and Line 24).....	73546.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69931.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3615.32

**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 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN C ANDREWS**

Mailing Address 229 ROBIN HOOD ROAD NE

City ATLANTA State GA Zip Code 30309

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

Name of Employer BODKER, RAMSEY, ANDREWS, WINOGRAD ; Occupation ATTORNEY/PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.1559**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**FREDERICK BADING**

Mailing Address 2616 SHARONDALE DRIVE NE

City ATLANTA State GA Zip Code 30305

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

Name of Employer LAW OFFICE OF FREDERICK A. BADING LLC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.1593**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**KEN BENSON**

Mailing Address 7963 MAGNOLIA SQ

City SANDY SPRINGS State GA Zip Code 30350

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

Name of Employer NOVELIS, INC. Occupation IT DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.1535**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**ELIZABETH A BESKIN**

Mailing Address 809 PEACHTREE BATTLE AVENUE

City ATLANTA State GA Zip Code 30327

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

Name of Employer COHEN COOPER ESTEP AND ALLEN LLC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.1705**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS BETHEL**

Mailing Address 3285 E WOOD VALLEY RD NW

City ATLANTA State GA Zip Code 30327

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

Name of Employer COMMUNITY & SOUTHERN BANK Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

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

**Transaction ID : SA11AI.1507**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN BLAIR**

Mailing Address 596 WOODLAND CIRCLE

City DAWSONVILLE State GA Zip Code 30534

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

Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTA Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.1574**

Amount of Each Receipt this Period  
**500.00**

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

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

**1200.00**

**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 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**ALIM BOLTON**

Mailing Address 3340 PEACHTREE RD NE  
SUITE 1800

City ATLANTA State GA Zip Code 30326

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

Name of Employer GLOBAL WATCH BROKERS Occupation CO-CEO

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 / 07 / 2014

**Transaction ID : SA11AI.1536**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE L BOWEN III**

Mailing Address 50 HURT PLAZA  
SUITE 985

City ATLANTA State GA Zip Code 30303

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

Name of Employer GEORGIA ASSOCIATION OF MANUFACTURE Occupation CEO

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 / 16 / 2014

**Transaction ID : SA11AI.1585**

Amount of Each Receipt this Period  
 250.00

IN-KIND: BEVERAGES FOR 5/7/14 FUNDRAISER

**C.** Full Name (Last, First, Middle Initial)  
**M GINO BROGDON, SR**

Mailing Address 174 WALTHALL STREET

City ATLANTA State GA Zip Code 30316

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

Name of Employer SELF Occupation MEDIATOR ARBITRATOR

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 / 13 / 2014

**Transaction ID : SA11AI.1560**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

**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 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID J BURGE**

Mailing Address 2638 PARKSIDE DRIVE NE

City ATLANTA State GA Zip Code 30305

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

Name of Employer SMITH GAMBRELL & RUSSELL, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.1540**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**DAVID J BURGE**

Mailing Address 2638 PARKSIDE DRIVE NE

City ATLANTA State GA Zip Code 30305

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

Name of Employer SMITH GAMBRELL & RUSSELL, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1524**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**FRANK BURNS**

Mailing Address 6100 LAKE FORREST DRIVE NW SUITE 5

City ATLANTA State GA Zip Code 30328

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

Name of Employer J. FRANKLIN BURNS, PC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1529**

Amount of Each Receipt this Period  
**250.00**

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

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

**800.00**



**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 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**BRYAN M CAVAN**

Mailing Address 15 RIDGEBRIAR LANE

City NEWNAN State GA Zip Code 30265

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

Name of Employer MILLER & MARTIN PLLC Occupation ATTORNEY/PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1527**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN T COBB M.D.**

Mailing Address 46 W BROOKHAVEN DRIVE NE

City ATLANTA State GA Zip Code 30319

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

Name of Employer THOMAS EYE GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1534**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO ELECT B LEE HAWKINS**

Mailing Address PO BOX 385

City GAINESVILLE State GA Zip Code 30503

FEC ID number of contributing federal political committee. **C** C00465617

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.1503**

Amount of Each Receipt this Period  
500.00

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

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

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 10 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**J. ANDERSON DAVIS**

Mailing Address **6 RIVERMONT DR. SW**

City **ROME** State **GA** Zip Code **30165**

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

Name of Employer **BRINSON, ASKEW, BERRY, SEIGLER, RICHA** Occupation **ATTORNEY AT LAW**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.1547**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN DUNN**

Mailing Address **1215 HIGHTOWER TR; A-200**

City **ATLANTA** State **GA** Zip Code **30350**

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

Name of Employer **DATATRENDS TECHNOLOGY** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11AI.1555**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**SHARON GAY**

Mailing Address **944 EUCLID AVE. NE**

City **ATLANTA** State **GA** Zip Code **30307**

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

Name of Employer **MCKENNA LONG & ALDRIDGE LLP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.1544**

Amount of Each Receipt this Period  
**250.00**

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

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

**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 11 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**DOREEN K GILMER**

Mailing Address 90 CARLTON DRIVE

City ATLANTA State GA Zip Code 30342

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 **335.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1541**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM HALL**

Mailing Address 2126 N PONCE DE LEON AVE

City ATLANTA State GA Zip Code 30307

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

Name of Employer NEWFIELDS Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.1545**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MIKE HARRISON**

Mailing Address 271 AMSTERDAM DRIVE

City LILBURN State GA Zip Code 30047

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

Name of Employer DAVIS, MATTHEWS & QUIGLEY,PC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.1590**

Amount of Each Receipt this Period  
**500.00**

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

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

**1550.00**

**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 12 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD L JACKSON**

Mailing Address 2655 NORTHWINDS PARKWAY

City State Zip Code  
ALPHARETTA GA 30009

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

Name of Employer Occupation  
JACKSON HEALTHCARE CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.1550**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN S KOURA**

Mailing Address 135 HABERSHAM VALLEY ROAD

City State Zip Code  
ATLANTA GA 30305

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

Name of Employer Occupation  
SUNRISE BLUFF CAPITAL GROUP MANAGING PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1322.51

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.1587**

Amount of Each Receipt this Period  
1322.51

IN-KIND: BEVERAGES FOR FUNDRAISER

**C.** Full Name (Last, First, Middle Initial)  
**DONNA LATHEM**

Mailing Address 4500 CLUB VALLEY DRIVE NE

City State Zip Code  
ATLANTA GA 30319

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

Name of Employer Occupation  
LATHEM TIME CORPORATION SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.1594**

Amount of Each Receipt this Period  
100.00

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

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

2422.51

**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 13 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD H LINDSEY JR**

Mailing Address 1150 ANGELO COURT

City ATLANTA State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C H4GA11079**

Name of Employer GOODMAN MCGUFFEY LINDSEY & JOHNSO Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **291308.08**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.1577**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY LINDSEY**

Mailing Address 3044 OAK DRIVE

City MARIETTA State GA Zip Code 30066

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

Name of Employer AT&T Occupation TAX POLICY DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **455.00**

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

**Transaction ID : SA11AI.1542**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**GARY LINDSEY**

Mailing Address 3044 OAK DRIVE

City MARIETTA State GA Zip Code 30066

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

Name of Employer AT&T Occupation TAX POLICY DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **505.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.1595**

Amount of Each Receipt this Period  
 50.00

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

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

150.00

**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 14 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD A LOWRY**

Mailing Address **PO BOX 3005**

City **MARIETTA** State **GA** Zip Code **30061**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11AI.1582**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT LUSKIN**

Mailing Address **100 CAULEY CLUB CT**

City **JOHNS CREEK** State **GA** Zip Code **30097**

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

Name of Employer **GOODMAN, MCGUFFEY, LINDSEY & JOHNSON** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11AI.1578**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL MCCONNELL**

Mailing Address **115 GROGANS LAKE DRIVE**

City **SANDY SPRINGS** State **GA** Zip Code **30350**

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

Name of Employer **JONES DAY** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11AI.1563**

Amount of Each Receipt this Period  
**100.00**

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

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

**700.00**

**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 15 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**C. WADE MCGUFFEY JR**

Mailing Address 1798 WITHMERE WAY

City ATLANTA State GA Zip Code 30338

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

Name of Employer GOODMAN MCGUFFEY LINDSEY & JOHNSO Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.1579**

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
**RANDY MERRILL**

Mailing Address 4246 SENTINEL POST ROAD

City ATLANTA State GA Zip Code 30327

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  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.1548**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES NORTON**

Mailing Address 3400 STATELY OAKS LANE

City DULUTH State GA Zip Code 30097

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

Name of Employer BOMGAR Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.1557**

Amount of Each Receipt this Period  
250.00

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

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

1050.00

**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 16 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**H ANDREW OWEN**

Mailing Address **28 LULLWATER ESTATE NE**

City **ATLANTA** State **GA** Zip Code **30307**

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

Name of Employer **OWEN GLEATON EGAN JONES & SWEENEY,** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11AI.1580**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM A PARKER JR**

Mailing Address **1900 GARRAUX WOODS ROAD NW**

City **ATLANTA** State **GA** Zip Code **30327**

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

Name of Employer **CHILDERS SCHLUETER & SMITH LLC** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11AI.1583**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE REICHARD**

Mailing Address **1091 LAKE DRIVE**

City **MARIETTA** State **GA** Zip Code **30066**

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

Name of Employer **ARYLESSENCE** Occupation **EVP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.1546**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**



**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 17 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES RUFFIN**

Mailing Address 121 COVINGTON DR

City State Zip Code  
MACON GA 31210

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

Name of Employer Occupation  
BAKER DONELSON ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.1584**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**RUSSELL N SEWELL**

Mailing Address 3837 DUMBARTON ROAD NW

City State Zip Code  
ATLANTA GA 30327

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

Name of Employer Occupation  
BOLLER & SEWELL GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.1575**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY S SHARP**

Mailing Address 222 E CHESTNUT STREET  
APT 3B

City State Zip Code  
CHICAGO IL 60611

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

Name of Employer Occupation  
MARSHALL, GERSTEIN & BORUN, LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.1596**

Amount of Each Receipt this Period  
100.00

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

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

850.00

**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 18 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM SHIPPEN**

Mailing Address 1600 CAVE ROAD

City ATLANTA State GA Zip Code 30327

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

Name of Employer ARA Occupation REAL ESTATE SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.1506**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**DONALD P SUTTON**

Mailing Address 1002 CHESTNUT HILL ROAD SW

City MARIETTA State GA Zip Code 30064

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

Name of Employer SUTTON PROPERTIES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1526**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**THE LOOSE GROUP**

Mailing Address PO BOX 78093  
3379 PEACHTREE ROAD NE, SUITE 270

City ATLANTA State GA Zip Code 30357

FEC ID number of contributing federal political committee. **C** C00010793

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  
 05 / 05 / 2014

**Transaction ID : SA11AI.1504**

Amount of Each Receipt this Period  
 5000.00

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

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

5750.00

**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 19 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THE RIGHT GROUP**

Mailing Address **PO BOX 18651**

City **ATLANTA** State **GA** Zip Code **31126**

FEC ID number of contributing federal political committee. **C C00521823**

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 Y  
**05 / 13 / 2014**

**Transaction ID : SA11AI.1549**

Amount of Each Receipt this Period  
 1000.00

MULTI-CANDIDATE

**B.** Full Name (Last, First, Middle Initial)  
**ANN MARIE WHITE**

Mailing Address **2345 MASSEY LANE**

City **DECATUR** State **GA** Zip Code **30033**

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

Name of Employer Occupation  
**N/A** **HOMEMAKER**

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 / 09 / 2014**

**Transaction ID : SA11AI.1539**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**WENDELL WILLARD**

Mailing Address **755 RIVER GATE DR.**

City **SANDY SPRINGS** State **GA** Zip Code **30350**

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

Name of Employer Occupation  
**SELF** **ATTORNEY**

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 / 01 / 2014**

**Transaction ID : SA11AI.1508**

Amount of Each Receipt this Period  
 100.00

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

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

1600.00

**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 20 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**WENDELL WILLARD**

Mailing Address 755 RIVER GATE DR.

City State Zip Code  
SANDY SPRINGS GA 30350

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.1565**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**WENDELL WILLARD**

Mailing Address 755 RIVER GATE DR.

City State Zip Code  
SANDY SPRINGS GA 30350

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : SA11AI.1699**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**CHASE WILSON**

Mailing Address 3400 STRATFORD ROAD  
APT 3405

City State Zip Code  
ATLANTA GA 30326

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

Name of Employer Occupation  
DAVIS MATTHEWS & QUIGLEY ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.1532**

Amount of Each Receipt this Period  
500.00

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

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

700.00

21522.51

**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 21 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE**

Mailing Address 1133 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11C.1522**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11C.1523**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

FEC ID number of contributing federal political committee. **C** C00261958

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11C.1660**

Amount of Each Receipt this Period  
600.00

PERMISSIBLE FUNDS

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

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

5100.00

**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 22 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**PEOPLE FOR BARRY FLEMING**

Mailing Address 507 CANTERBURY COURT

City HARLEM State GA Zip Code 30814

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11C.1581**

Amount of Each Receipt this Period  
500.00

PERMISSIBLE FUNDS

**B.** Full Name (Last, First, Middle Initial)  
**RALSTON FOR REPRESENTATIVE COMMITTEE**

Mailing Address PO BOX 1196

City BLUE RIDGE State GA Zip Code 30513

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.1553**

Amount of Each Receipt this Period  
500.00

PERMISSIBLE FUNDS

**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

6100.00

# 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 23 OF 58	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD H LINDSEY JR**

Mailing Address 1150 ANGELO COURT

City ATLANTA State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C H4GA11079**

Name of Employer GOODMAN MCGUFFEY LINDSEY & JOHNSO Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**296308.08**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		26		2014

**Transaction ID : SA13A.1659**

Amount of Each Receipt this Period  

5000.00
---------

LOAN FROM CANDIDATE

**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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period  

--

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

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

5000.00
5000.00

**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 24 OF 58
	<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)  
**LINDSEY FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**AROUNDABOUT LOCAL MEDIA, INC.**

Mailing Address **THE TOWNELAKER--AROUNDWALTON**  
**2449 TOWNE LAKE PKWY**

City **WOODSTOCK** State **GA** Zip Code **30189**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

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

**Transaction ID : SA14.1639**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

REFUND

**B.** Full Name (Last, First, Middle Initial)  
**GEORGIA POWER**

Mailing Address **11675 WILLS ROAD**

City **ALPHARETTA** State **GA** Zip Code **30009**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 443.21

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA14.1661**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 443.21

REFUND

**C.** Full Name (Last, First, Middle Initial)  
**SCANA ENERGY**

Mailing Address **220 OPERATION WAY**

City **CAYCE** State **SC** Zip Code **29033**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 255.11

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : SA14.1654**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 255.11

REFUND

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

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

\_\_\_\_\_ 2698.32

\_\_\_\_\_ 2698.32



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. GEORGE L BOWEN III</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>50 HURT PLAZA SUITE 985</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30303</b>
Purpose of Disbursement <b>IN-KIND: BEVERAGES FOR 5/7/14 FUNDRAISER</b>		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: _____	

**Transaction ID : SB17.1586**

Full Name (Last, First, Middle Initial) <b>B. CHARTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 06 / 2014</b>
Mailing Address <b>12405 POWERSCOURT DRIVE</b>		Amount of Each Disbursement this Period <b>130.00</b>
City <b>ST. LOUIS</b>	State <b>MO</b>	Zip Code <b>63131</b>
Purpose of Disbursement <b>MONTHLY INTERNET USAGE AT HQ</b>		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: _____	

**Transaction ID : SB17.1509**

Full Name (Last, First, Middle Initial) <b>C. CONCENTRIC DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 27 / 2014</b>
Mailing Address <b>C/O REA, SHAW, GIFFIN &amp; STUART CPA PO BOX 2090</b>		Amount of Each Disbursement this Period <b>750.00</b>
City <b>MERIDIAN</b>	State <b>MS</b>	Zip Code <b>39302</b>
Purpose of Disbursement <b>EQUIPMENT LEASE - FINAL BILL</b>		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: _____	

**Transaction ID : SB17.1667**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL DE LA GUARDIA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>405 THORPE PARK</b>		Amount of Each Disbursement this Period <b>120.96</b> <b>Transaction ID : SB17.1610</b>
City <b>DULUTH</b>	State <b>GA</b>	
Zip Code <b>30097</b>	Purpose of Disbursement <b>MILEAGE REIMBURSEMENT 5/6 - 5/8/14</b>	Category/ Type <b>002</b>
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>B. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>PO BOX 23715</b>		Amount of Each Disbursement this Period <b>800.00</b> <b>Transaction ID : SB17.1613</b>
City <b>CHAGRIN FALLS</b>	State <b>OH</b>	
Zip Code <b>44023</b>	Purpose of Disbursement <b>CAMPAIGN MANAGEMENT SOFTWARE USAGE</b>	Category/ Type <b>001</b>
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>C. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>PO BOX 23715</b>		Amount of Each Disbursement this Period <b>800.00</b> <b>Transaction ID : SB17.1648</b>
City <b>CHAGRIN FALLS</b>	State <b>OH</b>	
Zip Code <b>44023</b>	Purpose of Disbursement <b>USAGE OF CAMPAIGN MANAGEMENT SOFTWARE</b>	Category/ Type <b>001</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1720.96</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. VLADA GALAN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 270 17TH STREET NW UNIT 3506			Amount of Each Disbursement this Period 229.67	
City ATLANTA	State GA	Zip Code 30363	Transaction ID : SB17.1607	
Purpose of Disbursement CAMPAIGN TRAVEL (SEE MEMOS)		002 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>B. VLADA GALAN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 270 17TH STREET NW UNIT 3506			Amount of Each Disbursement this Period 210.67	
City ATLANTA	State GA	Zip Code 30363	Transaction ID : SB17.1608	
Purpose of Disbursement MILEAGE REIMBURSEMENT 4/29 - 5/12/14		002 Category/Type		
Candidate Name			[MEMO ITEM]	
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>C. GEORGIA POWER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 11675 WILLS ROAD			Amount of Each Disbursement this Period 228.34	
City ALPHARETTA	State GA	Zip Code 30009	Transaction ID : SB17.1638	
Purpose of Disbursement POWER USAGE AT HQ 4/27--5/27/14		001 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	458.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. GEORGIA POWER</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 11675 WILLS ROAD		Amount of Each Disbursement this Period 21.79
City ALPHARETTA	State GA Zip Code 30009	
Purpose of Disbursement FINAL POWER BILL	Category/Type 001	<b>Transaction ID : SB17.1641</b>
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>B. LAURA HARRIS</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5358 WILD OAK WAY		Amount of Each Disbursement this Period 202.16
City BUFORD	State GA Zip Code 30518	
Purpose of Disbursement MILEAGE/PARKING	Category/Type 002	<b>Transaction ID : SB17.1604</b>
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>C. LAURA HARRIS</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5358 WILD OAK WAY		Amount of Each Disbursement this Period 188.16
City BUFORD	State GA Zip Code 30518	
Purpose of Disbursement MILEAGE REIMBURSEMENT 4/17 - 5/15/14	Category/Type 002	<b>Transaction ID : SB17.1606</b> <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	223.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. LAURA HARRIS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 5358 WILD OAK WAY		Amount of Each Disbursement this Period 111.31
City BUFORD State GA Zip Code 30518	Purpose of Disbursement MILEAGE & CAMPAIGN EXPENSE REIMBURSEMENTS Category/Type 001	
Candidate Name		Transaction ID : SB17.1662
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>B. LAURA HARRIS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 5358 WILD OAK WAY		Amount of Each Disbursement this Period 98.50
City BUFORD State GA Zip Code 30518	Purpose of Disbursement MILEAGE REIMBURSEMENT Category/Type 002	
Candidate Name		Transaction ID : SB17.1663 [MEMO ITEM]
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>C. HYNES COMMUNICATIONS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 121 BOW STREET SUITE 6		Amount of Each Disbursement this Period 3330.00
City PORTSMOUTH State NH Zip Code 03801	Purpose of Disbursement NEW MEDIA CONSULTING, ONLINE OUTREACH & SERVICES Category/Type 001	
Candidate Name		Transaction ID : SB17.1618
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3441.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. STEVEN S KOURA</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 135 HABERSHAM VALLEY ROAD			Amount of Each Disbursement this Period 1322.51	
City ATLANTA	State GA	Zip Code 30305	Transaction ID : SB17.1588	
Purpose of Disbursement IN-KIND: BEVERAGES FOR FUNDRAISER		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>B. TOM KRAUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 2085 HOWELL MILL ROAD			Amount of Each Disbursement this Period 330.65	
City ATLANTA	State GA	Zip Code 30318	Transaction ID : SB17.1600	
Purpose of Disbursement SEE MEMOS		Category/Type 004		
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>C. TOM KRAUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 2085 HOWELL MILL ROAD			Amount of Each Disbursement this Period 140.56	
City ATLANTA	State GA	Zip Code 30318	Transaction ID : SB17.1601	
Purpose of Disbursement MILEAGE REIMBURSEMENT 5/8 - 5/13/14		Category/Type 002	[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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1653.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. COBB COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 1232		Amount of Each Disbursement this Period 138.71
City MARIETTA	State GA	
Zip Code 30061	Purpose of Disbursement BREAKFAST	Transaction ID : SB17.1602 <b>[MEMO ITEM]</b>
Candidate Name	007 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>B. LOWE'S</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 5925 ROSWELL ROAD		Amount of Each Disbursement this Period 160.09
City SANDY SPRINGS	State GA	
Zip Code 30328	Purpose of Disbursement REBAR FOR SIGN POSTS, CUTTING WHEEL	Transaction ID : SB17.1603 <b>[MEMO ITEM]</b>
Candidate Name	004 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>C. EDWARD H LINDSEY JR</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1150 ANGELO COURT		Amount of Each Disbursement this Period 138.71
City ATLANTA	State GA	
Zip Code 30319	Purpose of Disbursement CAMPAIGN EVENT REIMBURSEMENT	Transaction ID : SB17.1669
Candidate Name <b>EDWARD LINDSEY</b>	007 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: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. ZACK LINDSEY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1150 ANGELO COURT		Amount of Each Disbursement this Period 214.53 <b>Transaction ID : SB17.1671</b>
City ATLANTA State GA Zip Code 30319	Purpose of Disbursement MILEAGE & CAMPAIGN EXPENSE REIMBURSEMENT Category/Type 002	
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>B. ZACK LINDSEY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1150 ANGELO COURT		Amount of Each Disbursement this Period 185.92 <b>Transaction ID : SB17.1672</b> <b>[MEMO ITEM]</b>
City ATLANTA State GA Zip Code 30319	Purpose of Disbursement MILEAGE REIMBURSEMENT Category/Type 002	
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>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1801 HOWELL MILL ROAD		Amount of Each Disbursement this Period 28.61 <b>Transaction ID : SB17.1673</b> <b>[MEMO ITEM]</b>
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	214.53
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. MILES K THOROMON, CPA PC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 3473 LAWRENCEVILLE SUWANEE ROAD SUITE A			Amount of Each Disbursement this Period 675.00	
City SUWANEE	State GA	Zip Code 30024	Transaction ID : SB17.1666	
Purpose of Disbursement 2013/14 TAX PREP		001 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>B. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 4460.64	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1551	
Purpose of Disbursement MAILER		004 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>C. THE STONERIDGE GROUP, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount of Each Disbursement this Period 4460.64	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SB17.1552	
Purpose of Disbursement CAMPAIGN MAILER		004 Category/ Type		
Candidate Name			[MEMO ITEM]	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5135.64
<b>TOTAL</b> 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 34 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 13094.69	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1566	
Purpose of Disbursement CAMPAIGN MAILER		004 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>B. THE STONERIDGE GROUP, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount of Each Disbursement this Period 13094.69	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SB17.1567	
Purpose of Disbursement CAMPAIGN MAILER		004 Category/ Type		
Candidate Name			[MEMO ITEM]	
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>C. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 4944.00	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1568	
Purpose of Disbursement CAMPAIGN MAILER		004 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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18038.69
<b>TOTAL</b> 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 35 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THE STONERIDGE GROUP, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount of Each Disbursement this Period 4944.00	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SB17.1569  [MEMO ITEM]	
Purpose of Disbursement CAMPAIGN MAILER		004 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>B. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 6000.00	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1614	
Purpose of Disbursement CAMPAIGN CONSULTING & BOOKKEEPING/COMPLIANCE		001 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>C. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 1616.79	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1615	
Purpose of Disbursement ADVERTISING EXPENSES (SEE MEMO)		004 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7616.79
<b>TOTAL</b> 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 36 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THE STONERIDGE GROUP, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190			Amount of Each Disbursement this Period 77.25	
City ALPHARETTA	State GA	Zip Code 30022	Transaction ID : SB17.1616 <b>[MEMO ITEM]</b>	
Purpose of Disbursement EXPEDITION OF MAILER REPRINT		004 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>B. ELECTION CONNECTIONS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address PO BOX 10866			Amount of Each Disbursement this Period 1539.54	
City TALLAHASSEE	State FL	Zip Code 32302	Transaction ID : SB17.1617 <b>[MEMO ITEM]</b>	
Purpose of Disbursement ROBOCALLS		004 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>C. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 456.00	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1630	
Purpose of Disbursement DIGITAL DESIGN OF FACEBOOK TO WEB, ADD LIGHTBOX TO WEB, _FACEBOOK ADS		004 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	456.00
<b>TOTAL</b> 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 37 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PARLAY POLITICAL, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address PO BOX 1386			Amount of Each Disbursement this Period 3905.12	
City ATHENS	State GA	Zip Code 30603	Transaction ID : SB17.1633	
Purpose of Disbursement ROBOCALLS		Category/ Type 004		
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>B. PAYCHEX INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 600 TOWN PARK LANE STE 100			Amount of Each Disbursement this Period 3052.38	
City KENNESAW	State GA	Zip Code 30144	Transaction ID : SB17.1510	
Purpose of Disbursement PAYROLL		Category/ Type 001		
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>C. VLADA GALAN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 270 17TH STREET NW UNIT 3506			Amount of Each Disbursement this Period 850.05	
City ATLANTA	State GA	Zip Code 30363	Transaction ID : SB17.1511	
Purpose of Disbursement NET PAY		Category/ Type 001		
Candidate Name			[MEMO ITEM]	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6957.05
<b>TOTAL</b> 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 38 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. TOM KRAUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 2085 HOWELL MILL ROAD			Amount of Each Disbursement this Period 1387.32		
City ATLANTA	State GA	Zip Code 30318	Transaction ID : SB17.1512 <b>[MEMO ITEM]</b>		
Purpose of Disbursement NET PAY		001 Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 600 TOWN PARK LANE STE 100			Amount of Each Disbursement this Period 65.00		
City KENNESAW	State GA	Zip Code 30144	Transaction ID : SB17.1513 <b>[MEMO ITEM]</b>		
Purpose of Disbursement PAYROLL SERVICES FEE		001 Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 600 TOWN PARK LANE STE 100			Amount of Each Disbursement this Period 750.01		
City KENNESAW	State GA	Zip Code 30144	Transaction ID : SB17.1521 <b>[MEMO ITEM]</b>		
Purpose of Disbursement FEDERAL/STATE TAXES FOR DISTRIBUTION		001 Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 39 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 600 TOWN PARK LANE STE 100		Amount of Each Disbursement this Period 3038.88
City KENNESAW State GA Zip Code 30144	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.1514
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>B. VLADA GALAN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 270 17TH STREET NW UNIT 3506		Amount of Each Disbursement this Period 850.05
City ATLANTA State GA Zip Code 30363	Purpose of Disbursement NET PAY Category/Type 001	
Candidate Name		Transaction ID : SB17.1515 [MEMO ITEM]
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>C. TOM KRAUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 2085 HOWELL MILL ROAD		Amount of Each Disbursement this Period 1387.33
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement NET PAY Category/Type 001	
Candidate Name		Transaction ID : SB17.1516 [MEMO ITEM]
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3038.88
<b>TOTAL</b> 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 40 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 600 TOWN PARK LANE STE 100		Amount of Each Disbursement this Period 65.00
City KENNESAW State GA Zip Code 30144	Purpose of Disbursement PAYROLL SERVICES FEE	
Candidate Name	Category/Type 001	Transaction ID : SB17.1517  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 600 TOWN PARK LANE STE 100		Amount of Each Disbursement this Period 736.50
City KENNESAW State GA Zip Code 30144	Purpose of Disbursement FEDERAL/STATE TAXES FOR DISTRIBUTION	
Candidate Name	Category/Type 001	Transaction ID : SB17.1520  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PLP ENTERPRISES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3452 ESSEX AVENUE		Amount of Each Disbursement this Period 6000.00
City ATLANTA State GA Zip Code 30339	Purpose of Disbursement APRIL AND MAY FUNDRAISING CONSULTING	
Candidate Name	Category/Type 003	Transaction ID : SB17.1612
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> 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 41 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PLP ENTERPRISES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3452 ESSEX AVENUE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.1643</b>
City ATLANTA	State GA Zip Code 30339	
Purpose of Disbursement FUNDRAISING BONUS	Category/Type 003	
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>B. SCANA ENERGY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 220 OPERATION WAY		Amount of Each Disbursement this Period 45.64 <b>Transaction ID : SB17.1647</b>
City CAYCE	State SC Zip Code 29033	
Purpose of Disbursement GAS USAGE @ HQ	Category/Type 001	
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>C. SCANA ENERGY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 220 OPERATION WAY		Amount of Each Disbursement this Period 44.89 <b>Transaction ID : SB17.1642</b>
City CAYCE	State SC Zip Code 29033	
Purpose of Disbursement FINAL GAS BILL	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5090.53
<b>TOTAL</b> 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 42 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 1200.50
City ORLANDO	State FL	
Zip Code 32862	Purpose of Disbursement ONLINE CONTRIBUTION FEES	<b>Transaction ID : SB17.1645</b>
Candidate Name	Category/ Type 001	
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>B. SUNTRUST</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 1028.39
City ORLANDO	State FL	
Zip Code 32862	Purpose of Disbursement SEE MEMO	<b>Transaction ID : SB17.1619</b>
Candidate Name	Category/ Type 001	
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>C. ONE STOP BUSINESS SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 857 COLLIER ROAD NW SUITE 20		Amount of Each Disbursement this Period 108.00
City ATLANTA	State GA	
Zip Code 30318	Purpose of Disbursement POST CARD PRINTING	<b>Transaction ID : SB17.1621</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type 004	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2228.89
<b>TOTAL</b> 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 43 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. AKERS MILL POSTAL STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2997 E COBB PKWY		Amount of Each Disbursement this Period 245.70
City ATLANTA State GA Zip Code 31139	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type 001	Transaction ID : SB17.1622 <b>[MEMO ITEM]</b>
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>B. CARTERSVILLE - BARTOW COUNTY CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 307		Amount of Each Disbursement this Period 250.00
City CARTERSVILLE State GA Zip Code 30120	Purpose of Disbursement BOOTH AT THE FAMILY FAIR	
Candidate Name	Category/Type 007	Transaction ID : SB17.1624 <b>[MEMO ITEM]</b>
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>C. THE STONERIDGE GROUP, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4400 NORTH POINT PARKWAY SUITE 190		Amount of Each Disbursement this Period 19.95
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement WEB HOSTING	
Candidate Name	Category/Type 004	Transaction ID : SB17.1627 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 44 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. CREATSEND.COM EMAIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address SUITE 404, 3-5 STAPLETON AVENUE SUTHERLAND		Amount of Each Disbursement this Period 190.75
City AUSTRALIA	State Zip Code	
Purpose of Disbursement EMAIL BLASTS	Category/Type 004	Transaction ID : SB17.1629
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUNTRUST</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 698.55
City ORLANDO	State FL Zip Code 32862	
Purpose of Disbursement ONLINE CONTRIBUTION FEES	Category/Type 001	Transaction ID : SB17.1644
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>C. SUNTRUST</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 321.85
City ORLANDO	State FL Zip Code 32862	
Purpose of Disbursement ONLINE CONTRIBUTION FEES TO REDPLEDGE	Category/Type 001	Transaction ID : SB17.1657
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1020.40
<b>TOTAL</b> 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 45 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 150.54
City ORLANDO	State FL	
Zip Code 32862	Purpose of Disbursement ONLINE CONTRIBUTION FEES FOR AMEX	<b>Transaction ID : SB17.1655</b>
Candidate Name	Category/Type 001	
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>B. SUNTRUST</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 500.00
City ORLANDO	State FL	
Zip Code 32862	Purpose of Disbursement MASTERCARD--CAMPAIGN EXPENSES	<b>Transaction ID : SB17.1649</b>
Candidate Name	Category/Type 001	
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>C. SMYRNA MAIN POST OFFICE</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 850 WINDY HILL ROAD SE		Amount of Each Disbursement this Period 245.00
City SMYRNA	State GA	
Zip Code 30082	Purpose of Disbursement POSTAGE	<b>Transaction ID : SB17.1650</b>
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.54
<b>TOTAL</b> 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 46 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. CHEROKEE COUNTY CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>3605 MARIETTA HWY</b>			Amount of Each Disbursement this Period <b>100.00</b>
City <b>CANTON</b>	State <b>GA</b>	Zip Code <b>30114</b>	<b>Transaction ID : SB17.1652</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement <b>4 TICKETS TO CAMPAIGN EVENT</b>		Category/ Type <b>007</b>	
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>B. AKERS MILL POSTAL STORE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>2997 E COBB PKWY</b>			Amount of Each Disbursement this Period <b>55.00</b>
City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>31139</b>	<b>Transaction ID : SB17.1653</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement <b>POSTAGE</b>		Category/ Type <b>001</b>	
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>C. SUNTRUST</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>PO BOX 622227</b>			Amount of Each Disbursement this Period <b>5.00</b>
City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32862</b>	<b>Transaction ID : SB17.1658</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement <b>ONLINE CONTRIBUTION FEE</b>		Category/ Type <b>001</b>	
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5.00</b>
<b>TOTAL</b> 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 47 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. SUNTRUST</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 1619.98
City ORLANDO	State FL	
Zip Code 32862	Purpose of Disbursement SEE MEMOS	<b>Transaction ID : SB17.1674</b>
Candidate Name	001 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>B. WLJA 101.1 FM</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 134 SOUTH MAIN STREET		Amount of Each Disbursement this Period 250.00
City JAPSER	State GA	
Zip Code 30115	Purpose of Disbursement RADIO AD	<b>Transaction ID : SB17.1679</b>
Candidate Name	004 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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AKERS MILL POSTAL STORE</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 2997 E COBB PKWY		Amount of Each Disbursement this Period 98.00
City ATLANTA	State GA	
Zip Code 31139	Purpose of Disbursement POSTAGE	<b>Transaction ID : SB17.1680</b>
Candidate Name	001 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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1619.98
<b>TOTAL</b> 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 48 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 1801 HOWELL MILL ROAD		Amount of Each Disbursement this Period 60.39
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement EVENT SUPPLIES	
Candidate Name	Category/Type 007	Transaction ID : SB17.1681  [MEMO ITEM]
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>B. WALMART</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 1801 HOWELL MILL ROAD		Amount of Each Disbursement this Period 170.09
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement FOOD/DRINK FOR EVENT	
Candidate Name	Category/Type 007	Transaction ID : SB17.1684  [MEMO ITEM]
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>C. AKERS MILL POSTAL STORE</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 2997 E COBB PKWY		Amount of Each Disbursement this Period 198.00
City ATLANTA State GA Zip Code 31139	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type 001	Transaction ID : SB17.1686  [MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1801 HOWELL MILL ROAD		Amount of Each Disbursement this Period 61.29
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement EVENT BEVERAGES, SUPPLIES	
Candidate Name		Transaction ID : SB17.1687 <b>[MEMO ITEM]</b>
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:	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>B. COBB CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO BOX 671868		Amount of Each Disbursement this Period 25.00
City MARIETTA State GA Zip Code 30006	Purpose of Disbursement EVENT MEAL	
Candidate Name		Transaction ID : SB17.1689 <b>[MEMO ITEM]</b>
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:	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>C. AKERS MILL POSTAL STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 2997 E COBB PKWY		Amount of Each Disbursement this Period 44.10
City ATLANTA State GA Zip Code 31139	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.1690 <b>[MEMO ITEM]</b>
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:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 58	
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. ONE STOP BUSINESS SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 857 COLLIER ROAD NW SUITE 20		Amount of Each Disbursement this Period 32.40
City ATLANTA	State GA	
Zip Code 30318	Purpose of Disbursement POSTCARDS	Transaction ID : SB17.1691
Candidate Name	006 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) <b>B. SUNTRUST</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 39.00
City ORLANDO	State FL	
Zip Code 32862	Purpose of Disbursement FINANCE CHARGE	Transaction ID : SB17.1697
Candidate Name	001 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) <b>C. CREATSEND.COM EMAIL</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address SUITE 404, 3-5 STAPLETON AVENUE SUTHERLAND		Amount of Each Disbursement this Period 322.74
City AUSTRALIA	State	
Zip Code 2232	Purpose of Disbursement EMAIL SERVICES	Transaction ID : SB17.1698
Candidate Name	004 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 51 OF 58			
	<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)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. EDWARD TEAGUE</b>			Date of Disbursement MM / DD / YYYY 05 / 19 / 2014	
Mailing Address 1150 ANGELO COURT			Amount of Each Disbursement this Period 346.00	
City ATLANTA	State GA	Zip Code 30319	Transaction ID : SB17.1631	
Purpose of Disbursement MILEAGE REIMBURSEMENT - APRIL 2014		002		
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>B. EDWARD TEAGUE</b>			Date of Disbursement MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 1150 ANGELO COURT			Amount of Each Disbursement this Period 546.00	
City ATLANTA	State GA	Zip Code 30319	Transaction ID : SB17.1634	
Purpose of Disbursement MILEAGE REIMBURSEMENT 4/30 - 5/11/14		002		
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>C. EDWARD TEAGUE</b>			Date of Disbursement MM / DD / YYYY 06 / 27 / 2014	
Mailing Address 1150 ANGELO COURT			Amount of Each Disbursement this Period 18.00	
City ATLANTA	State GA	Zip Code 30319	Transaction ID : SB17.1668	
Purpose of Disbursement MILEAGE REIMBURSEMENT		002		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	910.00
<b>TOTAL</b> This Period (last page this line number only).....	67749.47

**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 52 OF 58	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JACK KINGSTON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address PO BOX 2133		Amount of Each Disbursement this Period <b>2000.00</b>
City SAVANNAH State GA Zip Code 31402	Purpose of Disbursement IN-KIND: 77% VALUE OF SIXES MAGAZINE AD SPACE	
Candidate Name <b>JACK KINGSTON</b>	Category/Type <b>011</b>	<b>Transaction ID : SB21.1708</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2000.00</b>

**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/10.289

LINDSEY FOR CONGRESS INC

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

[PERSONAL FUNDS]

Election: 2014

EDWARD H LINDSEY JR

Primary

General

Other (specify) ▼

Mailing Address

1150 ANGELO COURT

City

State

ZIP Code

ATLANTA

GA

30319

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2013

12/31/2014

0.00

% (apr)

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

10000.00

**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) **LINDSEY FOR CONGRESS INC** Transaction ID : **SC/10.290**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**EDWARD H LINDSEY JR**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1150 ANGELO COURT  
 City State ZIP Code  
 ATLANTA GA 30319

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**  
 Date Incurred: M 06 / D 30 / Y 2013  
 Date Due: M / D / Y 12/31/2014  
 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)..... ▶ 5000.00  
**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) **LINDSEY FOR CONGRESS INC** Transaction ID : **SC/10.534**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>EDWARD H LINDSEY JR</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1150 ANGELO COURT		

City	State	ZIP Code
ATLANTA	GA	30319

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**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/10.912

LINDSEY FOR CONGRESS INC

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

[PERSONAL FUNDS]

Election: 2014

EDWARD H LINDSEY JR

Primary

General

Other (specify) ▼

Mailing Address

1150 ANGELO COURT

City

State

ZIP Code

ATLANTA

GA

30319

Original Amount of Loan

25000.00

Cumulative Payment To Date

3000.00

Balance Outstanding at Close of This Period

22000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2013 Y

M M /

D D /

Y 12/31/14 Y

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

22000.00

**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/10.1441

LINDSEY FOR CONGRESS INC

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

EDWARD H LINDSEY JR

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address

1150 ANGELO COURT

City

State

ZIP Code

ATLANTA

GA

30319

Original Amount of Loan

230000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

230000.00

**TERMS**

Date Incurred

M 04 / D 28 / Y 2014 Y

Date Due

M / D / Y 12/31/14 Y

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)..... ▶

230000.00

**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) **LINDSEY FOR CONGRESS INC** Transaction ID : **SC/10.1659**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>EDWARD H LINDSEY JR</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1150 ANGELO COURT	

City	State	ZIP Code
ATLANTA	GA	30319

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 26 / 2014	12/31/14	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	292000.00

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