

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL PERDUE FOR SENATE			
ADDRESS (number and street) PO BOX 12077			
CITY ATLANTA		STATE GA	ZIP CODE 30355
2. NAME OF CANDIDATE PERDUE, DAVID, A., ,		3. OFFICE SOUGHT (State and District) Senate GA 00	
4. FEC IDENTIFICATION NUMBER C00547570			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME AKERS, SCOTT, , ,		Name of Employer RETIRED	
MAILING ADDRESS 3600 TUXEDO ROAD NORTHWEST		Transaction ID : F6.153358	
CITY ATLANTA	STATE GA	ZIP CODE 30305	Occupation RETIRED
B. FULL NAME AKERS, SCOTT, , ,		Name of Employer RETIRED	
MAILING ADDRESS 3600 TUXEDO ROAD NORTHWEST		Transaction ID : F6.153359	
CITY ATLANTA	STATE GA	ZIP CODE 30305	Occupation RETIRED
C. FULL NAME BARKER, ROBERT, B, ,		Name of Employer RETIRED	
MAILING ADDRESS 3555 W MAGELLAN DR		Transaction ID : F6.153365	
CITY ANTHEM	STATE AZ	ZIP CODE 85086	Occupation RETIRED
D. FULL NAME BURNS, JON, G, ,		Name of Employer STATE OF GEORGIA	
MAILING ADDRESS 5829 CLYO KILDARE ROAD		Transaction ID : F6.153352	
CITY NEWINGTON	STATE GA	ZIP CODE 30446	Occupation REPRESENTATIVE
E. FULL NAME DEETER, CANTEY, , ,		Name of Employer RETIRED	
MAILING ADDRESS 3288 IVANHOE DRIVE		Transaction ID : F6.153361	
CITY ATLANTA	STATE GA	ZIP CODE 30327	Occupation RETIRED
SIGNATURE (optional) CRATE, BRADLEY, , ,		DATE 10/20/2020	
<i>[Electronically Filed]</i>		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 03/2016)

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CITY, STATE, and ZIP CODE ATLANTA GA 30355			
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE GREEN, HEIDI, , , 4890 RIVER FARM ROAD NORTHEAST MARIETTA GA 30068	Name of Employer DELOITTE Transaction ID : F6.153364 Occupation GOVERMENT RELATIONS	Date (month, day, year) 10/18/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE HICKMAN, WILLIAM, R, , PO BOX 727 STATESBORO GA 30459	Name of Employer DABBS HICKMAN HILL Transaction ID : F6.153350 Occupation CPA	Date (month, day, year) 10/18/2020	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE KOHLA, DONALD, S, MR, 1600 PARKWOOD CIR SE STE 200 ATLANTA GA 30339	Name of Employer TAYLOR ENGLISH DUMA LLP Transaction ID : F6.153357 Occupation ATTORNEY	Date (month, day, year) 10/18/2020	Amount 2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE MCNEIL, ROBERT, D, MR, 301 5 POINTS RD COATESVILLE PA 19320	Name of Employer RETIRED Transaction ID : F6.153362 Occupation RETIRED	Date (month, day, year) 10/18/2020	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE MELIS, IRENE, , , 1108 SKYTOP CIRCLE CHARLESTON WV 25314	Name of Employer RETIRED Transaction ID : F6.153356 Occupation RETIRED	Date (month, day, year) 10/18/2020	Amount 1000.00

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(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE PAULK, ASHLEY, , , 5786 CAT CREEK RD HAHIRA GA 31632	Name of Employer LOWNDES CO Transaction ID : F6.153349 Occupation SHERIFF	Date (month, day, year) 10/18/2020	Amount 2600.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE WATERS, WILSON, , , 211 COLONIAL HOMES DR NW APT 1207 ATLANTA GA 30309	Name of Employer SANY AMERICA INC Transaction ID : F6.153354 Occupation PRESIDENT	Date (month, day, year) 10/18/2020	Amount 2800.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE WEINBERG, DENNIS, , , 2510 ALHAMBRA COURT CAMARILLO CA 93012	Name of Employer VERILY LIFE SCIENCES Transaction ID : F6.153367 Occupation CEO	Date (month, day, year) 10/18/2020	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount