

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF GARY GERRARD, INC

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26744.88	101579.52
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26744.88	101579.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43834.79	119745.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43834.79	119745.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21734.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	40000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF GARY GERRARD, INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20179.64	83627.82
(ii) Unitemized.....	3355.00	10913.62
(iii) TOTAL of contributions from individuals ▶	23534.64	94541.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	3210.24	7038.08
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26744.88	101579.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	40000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26744.88	141579.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43834.79	119745.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	43834.79	119845.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38824.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26744.88
25. SUBTOTAL (add Line 23 and Line 24).....	65568.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43834.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21734.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address PO Box 580

City Hull State GA Zip Code 30646

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 580

City Hull State GA Zip Code 30646

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4763

Amount of Each Receipt this Period
 1250.00

REATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
Joel T Bacon

Mailing Address 29 Walden Ln

City Lexington State GA Zip Code 30648

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

Name of Employer Information Requested Occupation Information Requested
 Putnam County BOE Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
 500.00

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

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

4350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Thomas C Beusse

Mailing Address 306 W Church Street

City Lexington State GA Zip Code 30648

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

Name of Employer Georgia Financial Services Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 277

City Crawford State GA Zip Code 30630

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

Name of Employer Cook Motor Company Occupation Owner/Car Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
500.00

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

Mailing Address 4015 Wedgewood Dr

City Monroe State GA Zip Code 30656

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

Name of Employer Snellville Heating and Air Occupation Operations Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

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

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period
1650.00

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

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

2400.00

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

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

A. Full Name (Last, First, Middle Initial)
Larry Cole

Mailing Address 1110 Brookview Dr

City Athens State GA Zip Code 30606

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period
500.00

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

Mailing Address 1425 Barnett Shoals Rd

City Athens State GA Zip Code 30605

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
250.00

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

Mailing Address 22439 SE 313th Pl

City Black Diamond State WA Zip Code 98010

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

Name of Employer Information Requested Occupation Information Requested
 Norvanco International Inc President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.4718

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: PAGE 8 OF 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
Andrew H Harrin

Mailing Address 370 Westview Dr

City Athens State GA Zip Code 30606

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6424 SW 109th St

City Pinecrest State FL Zip Code 33156

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

Name of Employer Information Requested Occupation Information Requested
 Boies, Schiller & Flexner LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Foy S Horne

Mailing Address PO Box 706

City Athens State GA Zip Code 30603

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

Name of Employer Information Requested Occupation Information Requested
 Self-Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period
 200.00

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

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

A. Full Name (Last, First, Middle Initial)
Foy S Horne

Mailing Address **PO Box 706**

City **Athens** State **GA** Zip Code **30603**

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

Name of Employer **Self-Employed** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
George K Howington

Mailing Address **2165 Union Church Road**

City **Bishop** State **GA** Zip Code **30621**

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

Name of Employer **Self-Employed** Occupation **Real Estate Investor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1950.00**

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

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
Jacks Brand LLC

Mailing Address **1929 Hwy 211 #105**

City **Hoschton** State **GA** Zip Code **30548**

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

Name of Employer Occupation

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
03 / 04 / 2014

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
500.00

See Memo Entry

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

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

A. Full Name (Last, First, Middle Initial)
Jack Ansley

Mailing Address 1929 Hwy 211 #105

City: Hoschton State: GA Zip Code: 30548

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

Name of Employer: Jacks Brand LLC Occupation: Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 04 / 2014

Transaction ID : SA11AI.4690.0

Amount of Each Receipt this Period: 500.00

[MEMO ITEM]

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

Mailing Address 5605 Glenridge Dr NE Ste 1010

City: Atlanta State: GA Zip Code: 30342

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

Name of Employer: KMG Realty Occupation: Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 22 / 2014

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Farris T Johnson Jr

Mailing Address 1040 Waterford Ct

City: Bogart State: GA Zip Code: 30622

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

Name of Employer: Self-Employed Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 19 / 2014

Transaction ID : SA11AI.4788

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

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

A. Full Name (Last, First, Middle Initial)
Rebecca Kaplan

Mailing Address 9345 SW 176Th St

City Miami State FL Zip Code 33157

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period
500.00

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

Mailing Address 11400 SW 69 Ave

City Pinecrest State FL Zip Code 33156

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4793

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Donna L Kristosik

Mailing Address PO Box 336

City Lexington State GA Zip Code 30648

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2177.82

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
229.64
In-kind - Event Photography and Mileage

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

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

979.64

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

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

A. Full Name (Last, First, Middle Initial)
Roy E Manoll III

Mailing Address 1141 Scarlett Oak Circle

City Athens State GA Zip Code 30606

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

Name of Employer Fortson, Bentley & Griffin 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
 03 / 04 / 2014

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
David K Markarian

Mailing Address 3370 Woodbriar Lane

City Tallahassee State FL Zip Code 32303

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2014

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1324 Athens Rd

City Crawford State GA Zip Code 30630

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

Name of Employer Mixon Body Shop Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4773

Amount of Each Receipt this Period
500.00

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

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

A. Full Name (Last, First, Middle Initial)
Robert Pease

Mailing Address 1360 Broadlands Dr

City State Zip Code
Watkinsville GA 30677

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period
500.00

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

Mailing Address 82 Pittard Road

City State Zip Code
Winterville GA 30683

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

Name of Employer Information Requested Occupation Information Requested
Oglethorpe County Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period
500.00

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

Mailing Address 1040 Forrest Hills Pt

City State Zip Code
Bogart GA 30622

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

Name of Employer Information Requested Occupation Information Requested
Quarterman and Holson PC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
100.00

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

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

1100.00

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

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

A. Full Name (Last, First, Middle Initial)
Timothy J Quigley

Mailing Address 120 Federal St

City Athens State GA Zip Code 30607

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

Name of Employer University of Georgia Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period
 450.00

Amount of Each Receipt this Period
 550.00

B. Full Name (Last, First, Middle Initial)
Carlos Rodriguez-Feo

Mailing Address PO Box 281

City Lexington State GA Zip Code 30648

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

Name of Employer Self-Employed Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
 100.00

Amount of Each Receipt this Period
 350.00

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

Mailing Address 165 Cedar Cove Dr

City Buckhead State GA Zip Code 30625

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
 450.00

Amount of Each Receipt this Period
 950.00

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: PAGE 15 OF 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
John Scoggins

Mailing Address 1211 Veterans Dr

City State Zip Code
Danielsville GA 30633

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Don A Seerley

Mailing Address 591 Sims Cross Rd

City State Zip Code
Stephens GA 30667

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
500.00

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

Mailing Address 300 Arnold Caldwell Road

City State Zip Code
Lexington GA 30648

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

Name of Employer Occupation
Self-Employed Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
1500.00
In-kind - Event Facility Rental and Event Supplies

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

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

2100.00

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

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

Full Name (Last, First, Middle Initial) A. Paul S Suda		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 1362 Salem Drive		Transaction ID : SA11Al.4757	
City Alpharetta	State GA	Zip Code 30004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Mike Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address PO Box 90		Transaction ID : SA11Al.4749	
City Steinhatchee	State FL	Zip Code 32359	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) C. Lane Young II		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 303 Peachtree St Ste 4000		Transaction ID : SA11Al.4786	
City Atlanta	State GA	Zip Code 30308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Harnell, Parnell, Thacks	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	20179.64

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

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

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

Mailing Address **219 Gilmer Street**

City **Lexington** State **GA** Zip Code **30648**

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

Name of Employer **Friends of Gary Gerrard Inc** Occupation **Candidate**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
47038.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

Transaction ID : SA11D.4812

Amount of Each Receipt this Period

3210.24

In-kind - Travel Expenses, Mileage, Postage

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).....

3210.24
3210.24

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

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

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

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address Third St, Suite 2B		Amount of Each Disbursement this Period 78.45 Transaction ID : SB17.4689
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement CC Transaction Fees	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. Jeff Corbin		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 3398 Forest Knoll Dr		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4654
City Duluth	State GA	
Zip Code 30097	Purpose of Disbursement Media Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jeff Corbin		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 3398 Forest Knoll Dr		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4670
City Duluth	State GA	
Zip Code 30097	Purpose of Disbursement Media Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	578.45
TOTAL This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) A. Georgia Republican Party			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 550008			Amount of Each Disbursement this Period 5220.00 Transaction ID : SB17.4660
City Atlanta	State GA	Zip Code 30355	
Purpose of Disbursement Qualifying Fees		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. Gary Gerrard			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 219 Gilmer Street			Amount of Each Disbursement this Period 3210.24 Transaction ID : SB17.4813
City Lexington	State GA	Zip Code 30648	
Purpose of Disbursement In-kind - Travel Expenses, Mileage, Postage		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: GA	District: 10		

Full Name (Last, First, Middle Initial) C. Hi-Tech Signs			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1018 North Fifth Ave			Amount of Each Disbursement this Period 4037.28 Transaction ID : SB17.4655
City Rome	State GA	Zip Code 30165	
Purpose of Disbursement Printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	12467.52
TOTAL This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) A. Hi-Tech Signs		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1018 North Fifth Ave		Amount of Each Disbursement this Period 2946.80
City Rome	State GA	
Zip Code 30165	Purpose of Disbursement Printing	Transaction ID : SB17.4663
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. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00
City Bogart	State GA	
Zip Code 30622	Purpose of Disbursement Salary	Transaction ID : SB17.4687
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00
City Bogart	State GA	
Zip Code 30622	Purpose of Disbursement Salary	Transaction ID : SB17.4688
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3496.80
TOTAL This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) A. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 345.00 Transaction ID : SB17.4525
City Bogart	State GA	
Purpose of Disbursement Salary	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. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4651
City Bogart	State GA	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4653
City Bogart	State GA	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	895.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014		
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00		
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4658		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014		
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00		
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4659		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Tyler Horne			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014		
Mailing Address 1170 Grey Drive			Amount of Each Disbursement this Period 275.00		
City Bogart	State GA	Zip Code 30622	Transaction ID : SB17.4662		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4673
City Bogart State GA Zip Code 30622	Purpose of Disbursement Salary	
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. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4674
City Bogart State GA Zip Code 30622	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tyler Horne		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1170 Grey Drive		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4680
City Bogart State GA Zip Code 30622	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) A. Insight Strategic Group			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 2521 Gramercy Park Cr			Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4657
City Duluth	State GA	Zip Code 30097	
Purpose of Disbursement Strategy Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Insight Strategic Group			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2521 Gramercy Park Cr			Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4672
City Duluth	State GA	Zip Code 30097	
Purpose of Disbursement Strategy Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Insight Strategic Group			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2521 Gramercy Park Cr			Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4681
City Duluth	State GA	Zip Code 30097	
Purpose of Disbursement Strategy Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 28		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) A. Donna L Kristosik		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address PO Box 336		Amount of Each Disbursement this Period 229.64 Transaction ID : SB17.4684
City Lexington	State GA Zip Code 30648	
Purpose of Disbursement In-kind - Event Photography and Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lancaster Pheasants and Quail Farm		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1900 El Bethel Church Road		Amount of Each Disbursement this Period 2592.00 Transaction ID : SB17.4664
City Milan	State GA Zip Code 31060	
Purpose of Disbursement Event Facility Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. MyBasic LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 722 Friendly Hills Dr		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4678
City Decatur	State GA Zip Code 30035	
Purpose of Disbursement Video Production		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3096.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 28			
	<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)
FRIENDS OF GARY GERRARD, INC

Full Name (Last, First, Middle Initial) A. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 1504.14
City Athens State GA Zip Code 30606	Purpose of Disbursement Compliance Consulting	
Candidate Name	Category/Type	Transaction ID : SB17.4652
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 3003.70
City Athens State GA Zip Code 30606	Purpose of Disbursement Compliance Consulting	
Candidate Name	Category/Type	Transaction ID : SB17.4682
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mitch Slay		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 300 Arnold Caldwell Road		Amount of Each Disbursement this Period 1500.00
City Lexington State GA Zip Code 30648	Purpose of Disbursement In-kind - Event Facility Rental and Event Supplies	
Candidate Name	Category/Type	Transaction ID : SB17.4677
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6007.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Southeast Capital Consulting			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address PO Box 278			Amount of Each Disbursement this Period 2142.78	
City Gainesville	State GA	Zip Code 30503	Transaction ID : SB17.4656	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Southeast Capital Consulting			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address PO Box 278			Amount of Each Disbursement this Period 1294.76	
City Gainesville	State GA	Zip Code 30503	Transaction ID : SB17.4671	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			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		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3437.54
TOTAL This Period (last page this line number only).....	43629.79

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/10.4104

FRIENDS OF GARY GERRARD, INC

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

[PERSONAL FUNDS]

Election: 2014

Gary Gerrard

Primary
 General
 Other (specify) ▼

Mailing Address
219 Gilmer Street

City State ZIP Code
Lexington GA 30648

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

TERMS

Date Incurred: M 04 / D 22 / Y 2013
 Date Due: M / D / Y On Demand
 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).....	▶	40000.00
TOTALS This Period (last page in this line only).....	▶	40000.00

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