

**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

Dr. Heavenly for Georgia LLC

ADDRESS (number and street)

3375 Centerville Hwy

PO Box 390022

Snellville

GA

30039

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00917500

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

GA

13

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 / 19 / 2026in the
State of

GA

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2026

through

M M / D D / Y Y Y Y
04 / 29 / 2026*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 Spann, Shantee, , ,

Signature of Treasurer

Spann, Shantee, , ,

Date

M M / D D / Y Y Y Y
05 / 04 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Dr. Heavenly for Georgia LLC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

	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))....	16165.00	149761.04
(b) Total Contribution Refunds (from Line 20(d))	0.00	5.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16165.00	149756.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	158759.40	553040.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	21700.47	24838.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	137058.93	528202.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	71553.74	
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)	453265.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Dr. Heavenly for Georgia LLC

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
04 / 29 / 2026**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).....

4750.00

123803.04

(ii) Unitemized

1415.00

12458.00

(iii) TOTAL of contributions
from individuals ▶

6165.00

136261.04

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

10000.00

10000.00

(d) The Candidate

0.00

3500.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

16165.00

149761.04

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

400000.00

(b) All Other Loans.....

50000.00

50000.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

50000.00

450000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

21700.47

24838.00

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)..... ▶

87865.47

624599.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

158759.40

553040.30

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

5.00

(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

5.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

158759.40

553045.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

142447.67

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

87865.47

25. SUBTOTAL (add Line 23 and Line 24).....

230313.14

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

158759.40

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

71553.74

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 36

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 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)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

Alexander, Nneka, , ,

A.

Mailing Address 329 Battlefield Creek Dr

City

Marietta

State

GA

Zip Code

30064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brides by Nona LLC

Occupation

Entrepreneur

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 11 2026

Transaction ID : A-767

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Andrews, Lewis, , ,

B.

Mailing Address 12352 Rollys Ridge Ave

City

Upper Marlboro

State

MD

Zip Code

20774-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Federal Reserve Board

Occupation

Sr Manager

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 11 2026

Transaction ID : A-764

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Farrey, Acie, , ,

C.

Mailing Address 177 Stokes Drive

City

Stockbridge

State

GA

Zip Code

30281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Sales Manager

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 03 2026

Transaction ID : A-721

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

950.00

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

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

Use separate schedule(s)
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(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

Hilliard, Michael, , ,

A.

Mailing Address 3350 Sir Henry Street

City

East Point

State

GA

Zip Code

30344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grubman Warner Brry

Occupation

Attorney

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 10 2026

Transaction ID : A-763

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jerome, Alex, , ,

B.

Mailing Address 1020 Greatwood Manor

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2026

Transaction ID : A-807

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Maldonado, Carol, , ,

C.

Mailing Address 3631 Chamblee Tucker Rd. C-941432

City

Atlanta

State

GA

Zip Code

30341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Business Owner

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 19 2026

Transaction ID : A-815

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

Martin, Ninette, , ,

A.

Mailing Address 1005 Emory Parc Pl

City

Decatur

State

GA

Zip Code

30033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employer

Occupation
Human Resources

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 19 2026

Transaction ID : A-816

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mcadoo, Barbie, , ,

B.

Mailing Address 5807 Wembley Drive

City

Douglasville

State

GA

Zip Code

30135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fema

Occupation
Property Manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 19 2026

Transaction ID : A-817

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Pollard, Aja, , ,

C.

Mailing Address 1200 Ponce DE Leon Ave NE

City

Atlanta

State

GA

Zip Code

30306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tspmg

Occupation
Physician

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 02 2026

Transaction ID : A-714

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

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

1350.00

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

Use separate schedule(s)
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PAGE 8 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

Shelton, Timothy, , ,

A.

Mailing Address 7944, Dante Dr

City

Littleton

State

CO

Zip Code

80125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2026

Transaction ID : A-795

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Slaton, Erica-Antoinette, , ,

B.

Mailing Address 4522 Meadow Vista Trace

City

Lithonia

State

GA

Zip Code

30038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federal Home Loan Bank of Atlanta

Occupation
IT Project Manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2026

Transaction ID : A-828

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Smith, John, , ,

C.

Mailing Address 499 Holland Rd.

City

Powder Springs

State

GA

Zip Code

30127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private

Occupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 24 2026

Transaction ID : A-826

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

550.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

White, Robert, , ,

A.

Mailing Address 105 Wimby Pt

City

Fayetteville

State

GA

Zip Code

30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dentist

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 02 2026

Transaction ID : A-713

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

500.00

4750.00

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 36

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

American Dental Association Political Action Committee

A.

Mailing Address 400 C Street, NE

Suite 1100

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2026

Transaction ID : A-906

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

American Dental Association Political Action Committee

B.

Mailing Address 400 C Street, NE

Suite 1100

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 29 2026

Transaction ID : A-907

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

☐ Memo Item

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

10000.00

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

10000.00

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 36

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☒ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

Kimes, Heavenly, , ,

A.

Mailing Address 3240 Glen Cree Rd

City

Conyers

State

GA

Zip Code

30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sbdh

Occupation

Dentist

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

50010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2026

Transaction ID : A-894

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

☐ Memo Item

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

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

50000.00

50000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 36

☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLCFull Name (Last, First, Middle Initial)
Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		10		2026

Transaction ID : A-892

Amount of Each Receipt this Period

17100.00

☐ Memo Item
 Campaign Consultants
Full Name (Last, First, Middle Initial)
Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30505.83

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		29		2026

Transaction ID : A-891

Amount of Each Receipt this Period

4600.47

☐ Memo Item
 Campaign Consultants

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

☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

21700.47
21700.47

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

304.16

Transaction ID : B-749

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : B-751

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

64.59

Transaction ID : B-897

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

369.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	6

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

45.83

Transaction ID : B-899

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	6

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

109.05

Transaction ID : B-901

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

9.89

Transaction ID : B-903

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

164.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Bestprint & Design

Mailing Address 4187 Snapfinger Woods Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

City
DecaturState
GAZip Code
30035Purpose of Disbursement
Printing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3348.44

Transaction ID : B-870

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bestprint & Design

Mailing Address 4187 Snapfinger Woods Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	6

City
DecaturState
GAZip Code
30035Purpose of Disbursement
Printing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

4355.04

Transaction ID : B-871

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bestprint & Design

Mailing Address 4187 Snapfinger Woods Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	6

City
DecaturState
GAZip Code
30035Purpose of Disbursement
Printing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1501.74

Transaction ID : B-872

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9205.22

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Campaign Consultants

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17100.00

Transaction ID : B-865

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Campaign Consultants

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17100.00

Transaction ID : B-879

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Campaign Consultants

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8805.36

Transaction ID : B-873

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

43005.36

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Campaign Consultants

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4600.47

Transaction ID : B-866

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cbg Strategies LlcMailing Address 950 22nd Street North
Suite 777City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Campaign Consultants

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4600.47

Transaction ID : B-869

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clash Graphics

Mailing Address 2233 Peachtree Rd STE 202

City
AtlantaState
GAZip Code
30309Purpose of Disbursement
Campaign Materials

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

762.29

Transaction ID : B-838

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9963.23

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. EA VenturesMailing Address 6595 Roswell Road
GCity
AtlantaState
GAZip Code
30328Purpose of Disbursement
Campaign Materials

004

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8000.00

Transaction ID : B-868

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GoDaddy

Mailing Address 2155 E GoDaddy Way

City
TempeState
AZZip Code
85284Purpose of Disbursement
IT Services

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : B-853

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.comMailing Address 5400 Lyndon B Johnson Freeway
Suite 500City
DallasState
TXZip Code
75240Purpose of Disbursement
Hotel

002

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

888.88

Transaction ID : B-876

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8898.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Impact Atlanta Magazine Marketing

Mailing Address 1280 Chandler Ridge Drive Southeas

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2026

City
LawrencevilleState
GAZip Code
30045

FEC Identification Number

C

Purpose of Disbursement
Campaign Marketing

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-875

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Integrated Solutions: Political

Mailing Address 4142 Adams Avenue, Suite 103-550

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2026

City
San DiegoState
CAZip Code
92116

FEC Identification Number

C

Purpose of Disbursement
Compliance Software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1250.00

Transaction ID : B-877

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Kenley's CateringMailing Address 75 Piedmont Avenue Northeast
#152

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2026

City
AtlantaState
GAZip Code
30303

FEC Identification Number

C

Purpose of Disbursement
Campaign Catering

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

600.00

Transaction ID : B-874

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

2850.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Madison Concierge Services LLC

Mailing Address 1561 Bordeaux Ln

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Event

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1143.45

Transaction ID : B-851

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Madison Concierge Services LLC

Mailing Address 1561 Bordeaux Ln

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Event

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3744.94

Transaction ID : B-855

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Madison, Corey, , ,

Mailing Address 1561 Bordeaux Ln

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Event Assistant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B-847

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7388.39

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 PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Madison, Corey, , ,

Mailing Address 1561 Bordeaux Ln

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Event Assistant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

718.91

Transaction ID : B-848

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Madison, Corey, , ,

Mailing Address 1561 Bordeaux Ln

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Event Assistant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4480.00

Transaction ID : B-849

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Madison, Corey, , ,

Mailing Address 1561 Bordeaux Ln

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Event Assistant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3580.85

Transaction ID : B-858

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8779.76

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 405 N Angier Ave. NE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	6

City
AtlantaState
GAZip Code
30308

FEC Identification Number

C

Purpose of Disbursement
IT Services

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1083.33

Transaction ID : B-856

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Mailchimp

Mailing Address 405 N Angier Ave. NE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	6

City
AtlantaState
GAZip Code
30308

FEC Identification Number

C

Purpose of Disbursement
IT Services

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1150.00

Transaction ID : B-859

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. McLeod, Donna, , ,

Mailing Address 2131 Hasel St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	6

City
LawrencevilleState
GAZip Code
30044

FEC Identification Number

C

Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1600.00

Transaction ID : B-837

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3833.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. McLeod, Donna, , ,

Mailing Address 2131 Hasel St

City
LawrencevilleState
GAZip Code
30044Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1900.00

Transaction ID : B-840

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McLeod, Donna, , ,

Mailing Address 2131 Hasel St

City
LawrencevilleState
GAZip Code
30044Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B-843

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McLeod, Donna, , ,

Mailing Address 2131 Hasel St

City
LawrencevilleState
GAZip Code
30044Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3680.00

Transaction ID : B-878

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8080.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. McLeod, Donna, , ,

Mailing Address 2131 Hasel St

City
LawrencevilleState
GAZip Code
30044Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8320.00

Transaction ID : B-881

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nesbitt, Robin, , ,

Mailing Address 1235 Lionsgate Drive

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Consultant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B-889

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nesbitt, Robin, , ,

Mailing Address 1235 Lionsgate Drive

City
ConyersState
GAZip Code
30094Purpose of Disbursement
Campaign Consultant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B-888

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13320.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Outfront Media Billboards

Mailing Address 303 Perimeter Center North

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

City
DunwoodyState
GAZip Code
30346

FEC Identification Number

C

Purpose of Disbursement
Campaign Advertisement

004

Amount of Each Disbursement this Period

19485.70

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : B-864

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Pego, Thiago, , ,

Mailing Address 2553 Preston View Court

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

City
AtlantaState
GAZip Code
30315

FEC Identification Number

C

Purpose of Disbursement
Campaign Consultant

001

Amount of Each Disbursement this Period

480.00

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : B-835

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Pego, Thiago, , ,

Mailing Address 2553 Preston View Court

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	6

City
AtlantaState
GAZip Code
30315

FEC Identification Number

C

Purpose of Disbursement
Campaign Consultant

001

Amount of Each Disbursement this Period

600.00

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : B-845

☐ Memo Item

State:

District:

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

20565.70

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Pego, Thiago, ,

Mailing Address 2553 Preston View Court

City
AtlantaState
GAZip Code
30315Purpose of Disbursement
Campaign Consultant

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

956.00

Transaction ID : B-852

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shopify

Mailing Address 131 Greene Street

City
New YorkState
NYZip Code
10012Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

105.00

Transaction ID : B-857

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Synergy PR Services

Mailing Address 2470 Windy Hill Rd SE

City
MariettaState
GAZip Code
30067Purpose of Disbursement
Campaign Consultants

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

6500.00

Transaction ID : B-863

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7561.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Truist Bank

Mailing Address 241 Peachtree St NE

City
AtlantaState
GAZip Code
30308Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

122.00

Transaction ID : B-854

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ulhaq Management LLC

Mailing Address 1057 West Avenue Southwest

City
ConyersState
GAZip Code
30012Purpose of Disbursement
Campaign Headquarters

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1265.00

Transaction ID : B-862

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ulrica Bailey

Mailing Address 260 Peachtree Street

City
AtlantaState
GAZip Code
30303Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-841

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2387.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Ulrica Bailey

Mailing Address 260 Peachtree Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2026

City
AtlantaState
GAZip Code
30303Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1440.00

Transaction ID : B-846

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ulrica Bailey

Mailing Address 260 Peachtree Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2026

City
AtlantaState
GAZip Code
30303Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1520.00

Transaction ID : B-880

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ulrica Bailey

Mailing Address 260 Peachtree Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2026

City
AtlantaState
GAZip Code
30303Purpose of Disbursement
Canvassing

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1245.80

Transaction ID : B-860

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4205.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Urban One, Inc

Mailing Address 1010 Wayne Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2026

City
Silver SpringState
MDZip Code
20910

FEC Identification Number

C

Purpose of Disbursement
Radio

004

Amount of Each Disbursement this Period

7500.00

Transaction ID : B-861

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. VistaPrint

Mailing Address 275 Wyman St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2026

City
WalthamState
MAZip Code
02421

FEC Identification Number

C

Purpose of Disbursement
Printing

001

Amount of Each Disbursement this Period

444.05

Transaction ID : B-850

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

7944.05

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

158522.23

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 36

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-12

Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kimes, Heavenly, , Dr.,

Mailing Address

3375 Centerville Hwy
PO Box 390022

City

Snellville

State

GA

ZIP Code

30039

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 25 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y 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).....▶

40000.00

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

PAGE 31 OF 36

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-13

Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kimes, Heavenly, , Dr.,

Mailing Address

3375 Centerville Hwy
PO Box 390022

City

Snellville

State

GA

ZIP Code

30039

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 25 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y 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).....▶

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

PAGE 32 OF 36

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-14

Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kimes, Heavenly, , Dr.,

Mailing Address

3375 Centerville Hwy
PO Box 390022

City

Snellville

State

GA

ZIP Code

30039

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 29 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y 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).....▶

200000.00

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

PAGE 33 OF 36

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-784

Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kimes, Heavenly, , Dr.,

Mailing Address

3375 Centerville Hwy
PO Box 390022

City

Snellville

State

GA

ZIP Code

30039

☐ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 17 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y 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).....▶

50000.00

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

PAGE 34 OF 36

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-782

Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kimes, Heavenly, , Dr.,

Mailing Address

3375 Centerville Hwy
PO Box 390022

City

Snellville

State

GA

ZIP Code

30039

☐ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 30 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y 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).....▶

100000.00

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

PAGE 35 OF 36

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-894

Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kimes, Heavenly, , ,

Mailing Address

3240 Glencree Rd

City

Conyers

State

GA

ZIP Code

30012

☐ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 29 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y 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).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

450000.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 36

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Political Law Group LLP

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address 1215 K Street
Suite 1750City
SacramentoState
CAZip Code
95814

Outstanding Balance Beginning This Period

2202.50

Transaction ID : D-392

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2202.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Political Law Group LLP

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address 1215 K Street
Suite 1750City
SacramentoState
CAZip Code
95814

Outstanding Balance Beginning This Period

1062.50

Transaction ID : D-393

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1062.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

3265.00

2) **TOTALS** This Period (last page this line number only) ▶

3265.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

450000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

453265.00