

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 REPORT NEW (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) X 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 in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2025 through M M / D D / Y Y Y Y 09 / 30 / 2025

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 10 / 15 / 2025

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

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: / / 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))	<input type="text" value="44725.00"/>	<input type="text" value="44725.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="44725.00"/>	<input type="text" value="44725.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="45928.50"/>	<input type="text" value="45928.50"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="637.53"/>	<input type="text" value="637.53"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="45290.97"/>	<input type="text" value="45290.97"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="249434.03"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="250000.00"/>	

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: / / 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).....	38050.00	38050.00
(ii) Unitemized	3175.00	3175.00
(iii) TOTAL of contributions from individuals	41225.00	41225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	3500.00	3500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	44725.00	44725.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	250000.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250000.00	250000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	637.53	637.53
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).....	295362.53	295362.53

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.....	45928.50	45928.50
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45928.50	45928.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	295362.53
25. SUBTOTAL (add Line 23 and Line 24).....	295362.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45928.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	249434.03

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 50	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Banks, Nia, , ,

Mailing Address 8116 Good Luck Rd Suite 215

City Lanham	State MD	Zip Code 20706
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 08 / 2025

Transaction ID : A-66

Amount of Each Receipt this Period
1750.00

Memo Item

Earmark via ActBlue on 2025-09-17

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28293.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : A-66CM

Amount of Each Receipt this Period
5545.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 2656 Fair Oaks Rd

City Decatur	State GA	Zip Code 30033
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2025

Transaction ID : A-51

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-51CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 766 Fairfield Dr.

City Marietta	State GA	Zip Code 30068
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FEC ID number of contributing federal political committee. **C**

Name of Employer ATL Pain Management	Occupation Chiropractor
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2025

Transaction ID : A-64

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-17

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28293.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : A-64CM

Amount of Each Receipt this Period
5545.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶	1000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Flournoy, Faris, , ,

Mailing Address 508 Water Birch Way

City Marietta State GA Zip Code 30066

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

Name of Employer Primecare Home Care Occupation Admin

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
09 / 18 / 2025

Transaction ID : A-8

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-09-24

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33768.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-8CM

Amount of Each Receipt this Period
5475.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 910 Lenox Blvd NE

City Atlanta State GA Zip Code 30324

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

Name of Employer AIC Occupation Director

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
09 / 05 / 2025

Transaction ID : A-52

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-52CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 3157 Bob Cox Rd NW X

City Marietta	State GA	Zip Code 30064
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FEC ID number of contributing federal political committee. **C**

Name of Employer ApolloMD	Occupation Physician
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-69

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-17

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28293.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : A-69CM

Amount of Each Receipt this Period
5545.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶	1000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

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

Mailing Address 2748 Westport lane

City Conyers State GA Zip Code 30094

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

Name of Employer Self Employed Occupation Self Employed

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
09 / 03 / 2025

Transaction ID : A-38

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-38CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 617 Woodland Street

City Nashville State TN Zip Code 37206

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

Name of Employer American Dental Center Occupation Dentist

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
09 / 18 / 2025

Transaction ID : A-3

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-24

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 10 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33768.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-3CM

Amount of Each Receipt this Period
5475.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 305 Wilderlake Court Northwest

City Sandy Springs State GA Zip Code 30328

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

Name of Employer Occupation
Quality Care Resources LLC Nurse Practitioner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2025

Transaction ID : A-183

Amount of Each Receipt this Period
3300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kimes, Damon, , Dr.,

Mailing Address 3240 Glencree

City Conyers State GA Zip Code 30012

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

Name of Employer Occupation
Roswell Pain and Weight Loss Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2025

Transaction ID : A-93

Amount of Each Receipt this Period
3500.00

Memo Item

Earmark via ActBlue on 2025-09-30

SUBTOTAL of Receipts This Page (optional)..... ▶ 6800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
41225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : A-93CM

Amount of Each Receipt this Period
7457.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 111 17th Ave S APT 1811

City Nashville	State TN	Zip Code 37203
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Student
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2025

Transaction ID : A-79

Amount of Each Receipt this Period
3500.00

Memo Item

Earmark via ActBlue on 2025-09-30

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
41225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : A-79CM

Amount of Each Receipt this Period
7457.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

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

3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Latham, Quentin, , ,

Mailing Address 8000 West Drive Apt 804

City North Bay Village State FL Zip Code 33141

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

Name of Employer Self Employed Occupation Media Personality

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2025

Transaction ID : A-26

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-26CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 3242 Peachtree Rd NE

City Atlanta State GA Zip Code 30305

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

Name of Employer Self Employed Occupation Fashion designer

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
09 / 06 / 2025

Transaction ID : A-58

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-58CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

B. Full Name (Last, First, Middle Initial)
Maddox Davis, Gabrielle, , ,

Mailing Address 4307 Bethany Manor Dr

City Snellville	State GA	Zip Code 30039
--------------------	-------------	-------------------

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

Name of Employer Keller Williams	Occupation Realtor
-------------------------------------	-----------------------

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
09 / 18 / 2025

Transaction ID : A-4

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-24

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33768.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-4CM

Amount of Each Receipt this Period
5475.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Malone, Roderick, , ,

Mailing Address 4850 Golden Pkwy

City Buford	State GA	Zip Code 30518
----------------	-------------	-------------------

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

Name of Employer Trident Primary Care & Wellness Clinic	Occupation Owner
--	---------------------

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
09 / 04 / 2025

Transaction ID : A-56

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-56CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 265 Ponce De Leon Avenue #2401

City Atlanta	State GA	Zip Code 30308
-----------------	-------------	-------------------

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

Name of Employer UnitedHealthcare Clinical Services	Occupation Medical Director
--	--------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2025

Transaction ID : A-43

Amount of Each Receipt this Period
3500.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional)..... ▶	4000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-43CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

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 Occupation
Healthcare Human Resources

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
09 / 06 / 2025

Transaction ID : A-47

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-47CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
McIntyre Herron, Monica, , ,

Mailing Address 119 Southgate Blvd

City McDonough State GA Zip Code 30253

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

Name of Employer Kids Dental Occupation Pediatric Dentist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
09 / 18 / 2025

Transaction ID : A-5

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-24

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33768.00

Date of Receipt
09 / 24 / 2025

Transaction ID : A-5CM

Amount of Each Receipt this Period
5475.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

C. Full Name (Last, First, Middle Initial)
McKinnon, Dr. Kevin, , ,

Mailing Address 2467 Treehaven Drive

City Snellville State GA Zip Code 30078

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

Name of Employer Gold Coast Diagnostics Occupation President

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
09 / 04 / 2025

Transaction ID : A-22

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-22CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 6568 Hypoluxo Rd 181

City Lake Worth State FL Zip Code 33467

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

Name of Employer Occupation
PF Consulting Firm Entrepreneur

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2025

Transaction ID : A-57

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-57CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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 18 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Privette, Carlos, , ,

Mailing Address 288 Tallowood Drive

City: Garner State: NC Zip Code: 27529

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Unemployed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 09 / 2025

Transaction ID : A-70

Amount of Each Receipt this Period: 500.00

Memo Item

Earmark via ActBlue on 2025-09-17

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

Mailing Address PO Box 441146

City: Somerville State: MA Zip Code: 02144

FEC ID number of contributing federal political committee: C C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 28293.00

Date of Receipt: 09 / 17 / 2025

Transaction ID : A-70CM

Amount of Each Receipt this Period: 5545.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 6931 Springbank Way

City: Stone Mountain State: GA Zip Code: 30087

FEC ID number of contributing federal political committee: C

Name of Employer: Loving Helping Hands Occupation: Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3500.00

Date of Receipt: 09 / 19 / 2025

Transaction ID : A-9

Amount of Each Receipt this Period: 3500.00

Memo Item

Earmark via ActBlue on 2025-09-24

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33768.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-9CM

Amount of Each Receipt this Period
5475.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 6140 Highway 6 #273

City Missouri City State TX Zip Code 77459

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

Name of Employer Occupation
Self Employed Actress

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2025

Transaction ID : A-50

Amount of Each Receipt this Period
2500.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-50CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

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

2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Stephens, Janell, , ,

Mailing Address 318 Corporate Pkwy Ste 101

City Macon	State GA	Zip Code 31210
---------------	-------------	-------------------

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

Name of Employer Camille Rose Naturals	Occupation Owner
---	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2025

Transaction ID : A-34

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-34CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 560 Timber Valley Road

City Atlanta	State GA	Zip Code 30342
-----------------	-------------	-------------------

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

Name of Employer Comprehensive Women's OB/GYN	Occupation Physician
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2025

Transaction ID : A-49

Amount of Each Receipt this Period
3500.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional)..... ▶	4500.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 50	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-49CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 2190 Burnside Dr NW

City Atlanta State GA Zip Code 30318

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

Name of Employer Occupation
Self Employed Physician

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
09 / 12 / 2025

Transaction ID : A-63

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-17

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28293.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : A-63CM

Amount of Each Receipt this Period
5545.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Waronker, Jeff, , ,

Mailing Address 1100 Abernathy road

City Atlanta State GA Zip Code 30328

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

Name of Employer Advanced Imaging Centers Occupation Owner

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
09 / 04 / 2025

Transaction ID : A-40

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-09-10

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-40CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 1210 W. Sycamore rd

City Fresno State TX Zip Code 77545

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

Name of Employer None Occupation Unemployed

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
09 / 06 / 2025

Transaction ID : A-25

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-25CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	38050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Kimes, Heavenly, , Dr.,

Mailing Address 3375 Centerville Hwy
PO Box 390022

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C** H6GA13104

Name of Employer Smiles by Dr. Heavenly Occupation Dentist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 27 / 2025

Transaction ID : A-102

Amount of Each Receipt this Period
200.00

Memo Item

Earmark via ActBlue on 2025-09-30

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
41225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A-102CM

Amount of Each Receipt this Period
7457.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

C. Full Name (Last, First, Middle Initial)
Kimes, Heavenly, , Dr.,

Mailing Address 3375 Centerville Hwy
PO Box 390022

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C** H6GA13104

Name of Employer Smiles by Dr. Heavenly Occupation Dentist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
53500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2025

Transaction ID : A-23

Amount of Each Receipt this Period
3300.00

Memo Item

Earmark via ActBlue on 2025-09-10

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 25 OF 50	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22748.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-23CM

Amount of Each Receipt this Period
22748.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	3500.00

**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 26 OF 50
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

A. Full Name (Last, First, Middle Initial)
Kimes, Heavenly, , Dr.,

Mailing Address 3375 Centerville Hwy
PO Box 390022

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C** H6GA13104

Name of Employer Smiles by Dr. Heavenly Occupation Dentist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : A-12

Amount of Each Receipt this Period
40000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kimes, Heavenly, , Dr.,

Mailing Address 3375 Centerville Hwy
PO Box 390022

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C** H6GA13104

Name of Employer Smiles by Dr. Heavenly Occupation Dentist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : A-13

Amount of Each Receipt this Period
10000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kimes, Heavenly, , Dr.,

Mailing Address 3375 Centerville Hwy
PO Box 390022

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C** H6GA13104

Name of Employer Smiles by Dr. Heavenly Occupation Dentist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2025

Transaction ID : A-14

Amount of Each Receipt this Period
200000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
TOTAL This Period (last page this line number only).....▶	250000.00

**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 27 OF 50	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-187

Amount of Each Receipt this Period

Memo Item
Offset

B. Full Name (Last, First, Middle Initial)
Madison Concierge Services LLC

Mailing Address 1561 Bordeaux Ln

City Conyers	State GA	Zip Code 30094
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-181

Amount of Each Receipt this Period

Memo Item
Offset

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

Mailing Address 275 Wyman Street

City Waltham	State MA	Zip Code 02421
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-180

Amount of Each Receipt this Period

Memo Item
Offset

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="637.53"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="637.53"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 796.24	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : B-60	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 196.89	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : B-77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 216.28	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : B-11	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1209.41
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 29 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 261.11	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : B-117	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Cellular Sales of Georgia LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025	
Mailing Address 3496 Centerville Hwy			FEC Identification Number C	
City Snellville	State GA	Zip Code 30039	Amount of Each Disbursement this Period 392.78	
Purpose of Disbursement Campaign Telephone		Category/ Type	Transaction ID : B-142	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Cellular Sales of Georgia LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025	
Mailing Address 3496 Centerville Hwy			FEC Identification Number C	
City Snellville	State GA	Zip Code 30039	Amount of Each Disbursement this Period 133.53	
Purpose of Disbursement Campaign Telephone		Category/ Type	Transaction ID : B-173	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	787.42
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 30 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)

A. Clash Graphics

Mailing Address 2233 Peachtree Rd STE 202

City Atlanta State GA Zip Code 30309

Purpose of Disbursement Campaign Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 15 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 246.10

Transaction ID : B-172

Memo Item

Full Name (Last, First, Middle Initial)

B. Clash Graphics

Mailing Address 2233 Peachtree Rd STE 202

City Atlanta State GA Zip Code 30309

Purpose of Disbursement Campaign Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 16 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 25.00

Transaction ID : B-125

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Air Lines, Inc.

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 10 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 538.97

Transaction ID : B-151

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 810.07

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 31 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. Delta Air Lines, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 1030 Delta Blvd		FEC Identification Number C
City Atlanta	State GA	Zip Code 30354
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1197.96
Candidate Name		Transaction ID : B-120
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Air Lines, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 1030 Delta Blvd		FEC Identification Number C
City Atlanta	State GA	Zip Code 30354
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1197.96
Candidate Name		Transaction ID : B-127
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		Amount of Each Disbursement this Period 17.00
Candidate Name		Transaction ID : B-122
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2412.92
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 32 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Digital Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			8.00
Office Sought:	Disbursement For: 2026	Transaction ID : B-123	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Digital Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			19.00
Office Sought:	Disbursement For: 2026	Transaction ID : B-129	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Digital Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			9.00
Office Sought:	Disbursement For: 2026	Transaction ID : B-130	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	36.00
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 33 OF 50			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2026	Amount of Each Disbursement this Period
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	25.00
State: District:		Transaction ID : B-137
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2026	Amount of Each Disbursement this Period
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	12.00
State: District:		Transaction ID : B-138
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2026	Amount of Each Disbursement this Period
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	23.00
State: District:		Transaction ID : B-145
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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 35 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="28.00"/>
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B-160
State: _____ District: _____		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="13.00"/>
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B-161
State: _____ District: _____		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="5.00"/>
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B-162
State: _____ District: _____		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="46.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="31.00"/>
State: District:		Transaction ID : B-168
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="14.00"/>
State: District:		Transaction ID : B-169
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6.00"/>
State: District:		Transaction ID : B-170
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="51.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Digital Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			21.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-176
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Facebook		M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Digital Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			10.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-177
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Facebook		M M / D D / Y Y Y Y 09 / 09 / 2025	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Digital Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			37.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-121
State:	District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	68.00
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 38 OF 50			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Facebook		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>09</td> <td></td> <td>2025</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		09		2025
M M	/	D D	/	Y Y Y Y								
09		09		2025								
Mailing Address 1 Meta Way		FEC Identification Number										
City Menlo Park	State CA	Zip Code 94025										
Purpose of Disbursement Digital Advertising		<input type="checkbox"/>										
Candidate Name		Category/ Type										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:	District:	Amount of Each Disbursement this Period 40.00										
Full Name (Last, First, Middle Initial)		Transaction ID : B-128										
		<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Facebook		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>09</td> <td></td> <td>2025</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		09		2025
M M	/	D D	/	Y Y Y Y								
09		09		2025								
Mailing Address 1 Meta Way		FEC Identification Number										
City Menlo Park	State CA	Zip Code 94025										
Purpose of Disbursement Digital Advertising		<input type="checkbox"/>										
Candidate Name		Category/ Type										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:	District:	Amount of Each Disbursement this Period 34.00										
Full Name (Last, First, Middle Initial)		Transaction ID : B-152										
		<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Facebook		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>10</td> <td></td> <td>2025</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		10		2025
M M	/	D D	/	Y Y Y Y								
09		10		2025								
Mailing Address 1 Meta Way		FEC Identification Number										
City Menlo Park	State CA	Zip Code 94025										
Purpose of Disbursement Digital Advertising		<input type="checkbox"/>										
Candidate Name		Category/ Type										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:	District:	Amount of Each Disbursement this Period 47.00										
Full Name (Last, First, Middle Initial)		Transaction ID : B-144										
		<input type="checkbox"/> Memo Item										

SUBTOTAL of Disbursements This Page (optional).....▶	121.00
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 39 OF 50			
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook		M M / D D / Y Y Y Y 09 / 10 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="43.00"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B-175
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Facebook		M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="51.00"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B-136
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Facebook		M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="55.00"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B-159
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="149.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook		M M / D D / Y Y Y Y 09 / 12 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="59.00"/>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-167
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FlyersATL		M M / D D / Y Y Y Y 08 / 28 / 2025
Mailing Address 555 Whitehall St SW Unit E		FEC Identification Number
City Atlanta	State GA	Zip Code 30303
Purpose of Disbursement Campaign Materials		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="206.70"/>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-149
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FlyersATL		M M / D D / Y Y Y Y 08 / 29 / 2025
Mailing Address 555 Whitehall St SW Unit E		FEC Identification Number
City Atlanta	State GA	Zip Code 30303
Purpose of Disbursement Campaign Materials		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="630.70"/>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-118
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="896.40"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. HEG, LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2025
Mailing Address 3350 Northlake Parkway, B4		FEC Identification Number C
City Atlanta	State GA	Zip Code 30345
Purpose of Disbursement Campaign Consultant		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : B-164
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Johnson, Essence, , ,		Date of Disbursement MM / DD / YYYY 09 / 08 / 2025
Mailing Address 227 Sandy Springs Place D74		FEC Identification Number C
City Atlanta	State GA	Zip Code 30328
Purpose of Disbursement Campaign Staff		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : B-134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. keythecreative, LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2025
Mailing Address 300 Colonial Center Parkway Ste 10		FEC Identification Number C
City Roswell	State GA	Zip Code 30076
Purpose of Disbursement Campaign Consultant		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : B-143
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	9500.00
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)
 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 Conyers State GA Zip Code 30094

Purpose of Disbursement Campaign Event

Candidate Name

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
09 / 08 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
501.00

Transaction ID : B-119

Memo Item

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

Mailing Address 3700 Barron Way Suite 2

City Reno State NV Zip Code 89511

Purpose of Disbursement Fundraising Software

Candidate Name

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
09 / 10 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
1350.00

Transaction ID : B-155

Memo Item

Full Name (Last, First, Middle Initial)
C. Prima Atlanta Printer

Mailing Address 191 14th Street NW

City Atlanta State GA Zip Code 30318

Purpose of Disbursement Campaign Materials

Candidate Name

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
08 / 29 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
878.33

Transaction ID : B-157

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2729.33

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 43 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Realign Branding		M M / D D / Y Y Y Y 09 / 02 / 2025	
Mailing Address 8735 Dunwoody Place Ste R		FEC Identification Number	
City Atlanta	State GA	Zip Code 30350	C
Purpose of Disbursement Campaign Consultant		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			5000.00
Office Sought:	Disbursement For: 2026	Transaction ID : B-133	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Realign Branding		M M / D D / Y Y Y Y 09 / 03 / 2025	
Mailing Address 8735 Dunwoody Place Ste R		FEC Identification Number	
City Atlanta	State GA	Zip Code 30350	C
Purpose of Disbursement Campaign Consultant		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1000.00
Office Sought:	Disbursement For: 2026	Transaction ID : B-141	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Rosetta Stone Communications LLC		M M / D D / Y Y Y Y 08 / 27 / 2025	
Mailing Address 3084 Castaway Lane		FEC Identification Number	
City Atlanta	State GA	Zip Code 30341	C
Purpose of Disbursement Polling		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			5000.00
Office Sought:	Disbursement For: 2026	Transaction ID : B-126	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
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)
 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. Synergy PR Services		Date of Disbursement MM / DD / YYYY 08 / 26 / 2025
Mailing Address 2470 Windy Hill Rd SE		FEC Identification Number C
City Marietta	State GA	Zip Code 30067
Purpose of Disbursement Campaign Consultant		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : B-158
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Synergy PR Services		Date of Disbursement MM / DD / YYYY 09 / 19 / 2025
Mailing Address 2470 Windy Hill Rd SE		FEC Identification Number C
City Marietta	State GA	Zip Code 30067
Purpose of Disbursement Campaign Consultant		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : B-166
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Synergy PR Services		Date of Disbursement MM / DD / YYYY 09 / 22 / 2025
Mailing Address 2470 Windy Hill Rd SE		FEC Identification Number C
City Marietta	State GA	Zip Code 30067
Purpose of Disbursement Campaign Consultant		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : B-135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
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 45 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. The Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2025
Mailing Address 94 Perimeter Center W		FEC Identification Number C
City Dunwoody	State GA	Zip Code 30346
Purpose of Disbursement Campaign Event		Amount of Each Disbursement this Period 1931.98
Candidate Name	Category/ Type	Transaction ID : B-156
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. The Harris Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2025
Mailing Address 262262 W Main Street Stre		FEC Identification Number C
City Wales	State WI	Zip Code 53183
Purpose of Disbursement Campaign Consultant		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : B-150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025
Mailing Address 3375 Centerville Hwy		FEC Identification Number C
City Snellville	State GA	Zip Code 30039
Purpose of Disbursement Post Office Box		Amount of Each Disbursement this Period 210.00
Candidate Name	Category/ Type	Transaction ID : B-163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5141.98
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 46 OF 50	
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. VistaPrint			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2025	
Mailing Address 275 Wyman Street			FEC Identification Number C	
City Waltham	State MA	Zip Code 02421	Amount of Each Disbursement this Period 288.70	
Purpose of Disbursement Campaign Materials		Category/ Type	Transaction ID : B-140	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VistaPrint			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2025	
Mailing Address 275 Wyman Street			FEC Identification Number C	
City Waltham	State MA	Zip Code 02421	Amount of Each Disbursement this Period 134.69	
Purpose of Disbursement Campaign Materials		Category/ Type	Transaction ID : B-148	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. VistaPrint			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2025	
Mailing Address 275 Wyman Street			FEC Identification Number C	
City Waltham	State MA	Zip Code 02421	Amount of Each Disbursement this Period 81.30	
Purpose of Disbursement Campaign Materials		Category/ Type	Transaction ID : B-179	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	504.69
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 47 OF 50			
	<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)
Dr. Heavenly for Georgia LLC

Full Name (Last, First, Middle Initial) A. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2025
Mailing Address 275 Wyman Street		FEC Identification Number C
City Waltham	State MA	Zip Code 02421
Purpose of Disbursement Campaign Materials		Amount of Each Disbursement this Period 10.00
Candidate Name		Transaction ID : B-182
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	45566.22

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dr. Heavenly for Georgia LLC** Transaction ID : **C-12**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kimes, Heavenly, , Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 3375 Centerville Hwy PO Box 390022		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Snellville	State GA	ZIP Code 30039
		<input checked="" type="checkbox"/> 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
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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	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : C-13**
Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kimes, Heavenly, , Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 3375 Centerville Hwy PO Box 390022		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Snellville	State GA	ZIP Code 30039
		<input checked="" type="checkbox"/> 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
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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	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-14**
Dr. Heavenly for Georgia LLC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kimes, Heavenly, , Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 3375 Centerville Hwy PO Box 390022		<input type="checkbox"/> General
City Snellville		<input type="checkbox"/> Other (specify) ▼
State GA	ZIP Code 30039	<input checked="" type="checkbox"/> 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
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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	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	200000.00
TOTALS This Period (last page in this line only).....▶	250000.00

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