

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

Friends of McCormick

ADDRESS (number and street)

4410 Laurel Grove Trce

Check if different than previously reported. (ACC)

Suwanee

GA

30024

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00706747

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

GA

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

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 2019

through

M M /

D D /

Y Y Y Y 2019

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

Miller, Lauren, , ,

Signature of Treasurer

Miller, Lauren, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2019

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Friends of McCormick

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)).... | 63399.00 | 377524.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 3700.00 | 3700.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 59699.00 | 373824.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 71686.60 | 72257.18 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 10000.00 | 10000.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 61686.60 | 62257.18 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 447766.82 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 132000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Friends of McCormick

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)..... | 59649.00 | 72199.00 |
| (ii) Unitemized..... | 1250.00 | 1825.00 |
| (iii) TOTAL of contributions from individuals ▶ | 60899.00 | 74024.00 |
| (b) Political Party Committees..... | 1000.00 | 1000.00 |
| (c) Other Political Committees (such as PACs)..... | 1500.00 | 1500.00 |
| (d) The Candidate..... | 0.00 | 301000.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 63399.00 | 377524.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 132000.00 | 132000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 132000.00 | 132000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 10000.00 | 10000.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 4200.00 | 4200.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 209599.00 | 523724.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 58

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 71686.60 | 72257.18 |
| 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 | 3700.00 | 3700.00 |
| (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))..... | 3700.00 | 3700.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 75386.60 | 75957.18 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 313554.42 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 209599.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 523153.42 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 75386.60 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 447766.82 |

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

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

FOR LINE NUMBER: PAGE 5 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Allen, Jon, , ,

Mailing Address 925 Battery Ave SE
Unit 307

City Atlanta State GA Zip Code 30339

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

Name of Employer Envision Physician Services Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

Transaction ID : **RNJUZWHT2VJX8ZRSZQQ/**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2215 Taylor Grady Terrace

City Duluth State GA Zip Code 30097

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

Name of Employer Anderson Family Dentistry Occupation Dentist

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2799.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2019

Transaction ID : **R4ZU8JDMPPQT6ZK2Y7NF**

Amount of Each Receipt this Period
2799.00

Memo Item

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

Mailing Address 5035 Johns Creek Ct

City Alpharetta State GA Zip Code 30022-5513

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

Name of Employer Asgari Holdings, inc. Occupation President

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : **RXG95JK8PMMJDH3GZ4T7**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3549.00

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 58 | |
| | <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)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Bailey, Joel, , ,

Mailing Address 115 Nesbit Reserve Court

| | | |
|--------------------|-------------|-------------------|
| City Alpharetta | State GA | Zip Code 30022 |
|--------------------|-------------|-------------------|

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

| | |
|---|--------------------|
| Name of Employer Envision Healthcare | Occupation M.D. |
|---|--------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2019

Transaction ID : RNXXGHN4Q4ACKGWWGJ

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 110 Shirley Avenue

| | | |
|-----------------|-------------|-------------------|
| City Douglas | State GA | Zip Code 31533 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------|
| Name of Employer Self | Occupation Physician |
|--------------------------|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2019

Transaction ID : R7TU63ZWXTMA3QZ6CBU4

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2727 Kirby Drive
Apt. 10C

| | | |
|-----------------|-------------|-------------------|
| City Houston | State TX | Zip Code 77098 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------------|--------------------------|
| Name of Employer Government | Occupation Supervisor |
|--------------------------------|--------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : RE8SGEN66FPYPB99N9DP

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|---------|
| 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 7 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Bernick, Stephanie, , ,
 Mailing Address 7 Piedmont Rd
 City State Zip Code
 Rockleigh NJ 07647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lenox Hill Hospital Chief of Surgical Oncology Physician
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 07 2019
Transaction ID : R8Y3U55CENF2NC958PBT
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Bilbrew, Lattisha, , Dr.,
 Mailing Address 1710 Mountain Shadow
 City State Zip Code
 Stone Mountain GA 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bilbrew Consulting Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 24 2019
Transaction ID : RSETK42VBSCBCCZVDF9C
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Black, David, , ,
 Mailing Address 984 16th Ct
 City State Zip Code
 Mukilteo WA 98275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swift Currie Attorney
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 08 2019
Transaction ID : RBXN4N2YHVGGBH6QQQE
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 8 OF 58
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Black, David, , ,

Mailing Address 984 16th Ct.

City Mukilteo State WA Zip Code 98275

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

Name of Employer Occupation
Swift Currie Attorney

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 08 2019

Transaction ID : RTPFEN85ZG3V3G6GYC2K

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 984 16th Ct.

City Mukilteo State WA Zip Code 98275

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

Name of Employer Occupation
Swift Currie Attorney

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 08 2019

Transaction ID : RKFAXCHPG7TM9JV299XG

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5335 Chelsen Wood Dr

City Duluth State GA Zip Code 30097

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

Name of Employer Occupation
Gwinnett Emergency Specialists Physician

Receipt For: 2020
 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 2019

Transaction ID : R9JB5XPD4SFWAD8857V

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Buchanan, Keith, , ,

Mailing Address 5335 Chelsen Wood Dr

City Duluth State GA Zip Code 30097

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

Name of Employer Gwinnett Emergency Specialists Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

Transaction ID : R9USH3GBU7BRYHZ8PHN

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1466 Peachtree Battle Ave

City Atlanta State GA Zip Code 30327

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

Name of Employer Envision Physician Services Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2019

Transaction ID : R3WK7CCTUQQ7EYZCUJ5:

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Chang, I-Wen, , ,

Mailing Address 318 W Country Dr.

City Johns Creek State GA Zip Code 30097

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

Name of Employer Self Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2019

Transaction ID : RHD9YZQ47AJCWBJE4JW

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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 10 OF 58
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Chatman, Alex, , ,

Mailing Address 3008 Vidalia Court

City Dumfries State VA Zip Code 22026

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2019

Transaction ID : RYWVPQH4HDFV56KYBRX

Amount of Each Receipt this Period
 _____ 750.00

Memo Item

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

Mailing Address 164 Tanner Bluff

City Athens State GA Zip Code 30606

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

Name of Employer Gwinnett Medical Center Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2019

Transaction ID : RTJZVD7ZJ7S4DN2E938U

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 485 Londonberry Rd NW

City Atlanta State GA Zip Code 30327

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

Name of Employer Envision Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : R8MQ3VJTY926RANSZFGV

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 2000.00

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 11 OF 58
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Copeland, Nicholas, , ,

Mailing Address 610 Ashley Lane Walk

City Lawrenceville State GA Zip Code 30043-4258

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

Name of Employer Cycle Gear Occupation District Manager

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 29 2019

Transaction ID : R854A5XK35GQG4PD2A4M

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 2260 Wood Falls Drive

City Cumming State GA Zip Code 30041

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

Name of Employer Rooms To Go Occupation VP Digital Marketing

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 19 2019

Transaction ID : RXPNJWUP9SX7FNW7NFM

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Elsy, James, K, ,

Mailing Address 2912 Darlington Run

City Duluth State GA Zip Code 30097-4316

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

Name of Employer Gwinnett Medical Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 29 2019

Transaction ID : RVW9RVWASJHDKTDGM4'

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 58
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Fielder, Bill, , ,

Mailing Address 2750 Luberon Lane

City Cumming State GA Zip Code 30041

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

Name of Employer Coastal Television Broadcasting Compan Occupation Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

Transaction ID : **RZ9B58G2EJM8T4M9TCJZ**

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Freedman, Allan, , Dr.,

Mailing Address 6127 Kings Mountain Ct

City Stone Mountain State GA Zip Code 30087-1920

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

Name of Employer Gwinnett Medical Center Occupation Physician

Receipt For: 2020
 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 / 2019

Transaction ID : **R7PEPBYHDVVK3N535W4**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3500 McClure Bridge Rd
PO Box 1415

City Duluth State GA Zip Code 30096

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

Name of Employer Self Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2019

Transaction ID : **RSE32FNABRDYQ9T5Z7TZ**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3550.00

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 13 OF 58
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Gadgbeku, Philippe, , ,

Mailing Address 3551 Mansions Pkwy

City Duluth State GA Zip Code 30096

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

Name of Employer Gainesville Emergency Dept Services Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2019

Transaction ID : **RKVPP5DTFKC4GBZ9BCHI**

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Garimella, Prasad, S, Dr.,

Mailing Address 2315 Sugarloaf Club Dr

City Duluth State GA Zip Code 30097-7404

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

Name of Employer Gwinnett Pulmonary Group Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2019

Transaction ID : **RUVHNWNUUPENJCSJ5UKC**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1837 Magnolia Bluff Way

City Duluth State GA Zip Code 30097

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

Name of Employer Merrill Lynch, Pierce, Fenner & Smith Occupation Financial Advisor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2019

Transaction ID : **RPUWRY3KDCZ9PQNC9P8**

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Greene, Perry, , ,

Mailing Address 16083 Old Henderson Rd

City Alpharetta State GA Zip Code 30004-2724

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

Name of Employer Taylor Construction Occupation President

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2019

Transaction ID : RSTPQ2VRSPJ8DVUEM7Fk

Amount of Each Receipt this Period
 2800.00

Memo Item

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

Mailing Address 75 Mount Pelia Rd

City Bluffton State SC Zip Code 29910-7727

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

Name of Employer Gwinnett Emergency Specialists Occupation Physician

Receipt For: 2020
 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 / 2019

Transaction ID : RN4EDEUFFJ2QKCYXCE7Y

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 75 Mount Pelia Rd

City Bluffton State SC Zip Code 29910-7727

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

Name of Employer Gwinnett Emergency Specialists Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : RV7BYCHNZCXUDPEPCZE

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3550.00

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Hall, Jerry, , ,

Mailing Address 4303 Wieuca Rd

City Atlanta State GA Zip Code 30342

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

Name of Employer Envision Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

Transaction ID : **R8QB72T7DFN9S7AVQ2G7**

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4303 Wieuca Rd

City Atlanta State GA Zip Code 30342

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

Name of Employer Envision Occupation Physician

Receipt For: 2020
 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 / 2019

Transaction ID : **RJ3WDTSSWN6VBKH8FM5**

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 5577 Aviemore Ct

City Suwanee State GA Zip Code 30024-7524

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

Name of Employer Self Occupation Communications

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : **R5P6TK44CQXB5W7X5PKF**

Amount of Each Receipt this Period
1000.00

Memo Item

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 58
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Hanson, Evan, , ,

Mailing Address 4414 Marchbolt Court

City Peachtree City State GA Zip Code 30092

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

Name of Employer Pub Ten Occupation Restaurant Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2019

Transaction ID : RPYTEZVWU45XMW6EZXH

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hogan, Michael, , Dr.,

Mailing Address 2730 Luberon Lane

City Cumming State GA Zip Code 30041

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

Name of Employer Hogan Healthcare Occupation Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : R8U7FD8BZET52N4Q8B6K

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1050 SW 6th Ste 1230

City Portland State OR Zip Code 97204

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

Name of Employer OTR, Inc. Occupation President

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : R8ZEF6TD9Q4CSCHPAV5W

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Huffman, Mark, , ,

Mailing Address 332 Anderwood Ridge

City Marietta State GA Zip Code 30064

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

Name of Employer Self Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2019

Transaction ID : **RNGMF2BT3FZ5YSKXV6FU**

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hutcherson, Kim, , Dr.,

Mailing Address 1019 Laurel Grove Ct

City Suwanee State GA Zip Code 30024-6975

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

Name of Employer Gwinnett Medical Occupation Physician

Receipt For: 2020
 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 / 2019

Transaction ID : **RAD4BXZQWJKPP2M3K8E**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jantzen, Captain Erik, , ,

Mailing Address 3012 W 89th Ter

City Leawood State KS Zip Code 66206

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

Name of Employer Southwest Airlines Occupation Pilot

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : **RXYKUNQPYUTRGMK9BM.**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s)
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Johnson, Luci, , ,

Mailing Address PO Box 684

City: Lawrenceville State: GA Zip Code: 30046

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 09 / 26 / 2019

Transaction ID : **RQUHJRVMPYEMSBU5GIC**

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kang, Brandon, , Dr.,

Mailing Address 2764 Pebble Hill Trce

City: Duluth State: GA Zip Code: 30097

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

Name of Employer: Gwinnett Medical Occupation: Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 08 / 29 / 2019

Transaction ID : **RMJDMXK4U37A7FMVAXC**

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 2600 Fairoaks Rd

City: Decatur State: GA Zip Code: 30033

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

Name of Employer: Envision Occupation: Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 09 / 19 / 2019

Transaction ID : **RQ6B5TZSVBWEEB3T2VXIC**

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Kantzavelos, Nicole, , ,

Mailing Address 8146 W Glendale Ave

City Niles State IL Zip Code 60714

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

Name of Employer Lincoln School District 74 Occupation Speech Language Pathologist

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2019

Transaction ID : **RSF2XY7JQNVKMG82C5GE**

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 420 Old Homestead Trail

City Duluth State GA Zip Code 30097

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

Name of Employer Healthcare Occupation Healthcare

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2019

Transaction ID : **RYTB3BZH64Y6YCC9C27K**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 30 Knollwood Drive

City larchmont State NY Zip Code 10538

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

Name of Employer NYU Langone Health Occupation Orthopedic Surgeon

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019

Transaction ID : **R5B32T79RRGG2YVMG4Z5**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 58
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Landis, Tony, , Dr.,
Mailing Address 5420 Vineyard Park Trl
City Norcross State GA Zip Code 30071-3349
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2020
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2019
Transaction ID : **RB82CNNVUTY848PF5WG+**
Amount of Each Receipt this Period
1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Mason III, Miles, H, Dr.,
Mailing Address 3500 McClure Bridge Rd
City Duluth State GA Zip Code 30096-3131
FEC ID number of contributing federal political committee. **C**
Name of Employer Gwinnett Medical Occupation Physician
Receipt For: 2020
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 29 / 2019
Transaction ID : **RVU85FDC7J3CH7U6SCTS**
Amount of Each Receipt this Period
500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Maxa, Leela, , ,
Mailing Address 2698 Bonar Hall Path
City Duluth State GA Zip Code 30097
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Medical
Receipt For: 2020
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2019
Transaction ID : **RH4PG73Z5PEUSPJAS52D**
Amount of Each Receipt this Period
1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00
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 21 OF 58
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Maxa, Richard, , Dr.,

Mailing Address 2654 Thurleston Ln

City Duluth State GA Zip Code 30097-4994

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

Name of Employer Maxa Internal Medicine Associates Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
08 / 28 / 2019

Transaction ID : RGP3BDXDZ7UBQ66XYM6I

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2698 Bonar Hall Path

City Duluth State GA Zip Code 30097

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

Name of Employer Self Occupation Medical

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
09 / 23 / 2019

Transaction ID : RJEEZ6RTK6K4DPPWRUDI

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 110 Abbey Hill Rd

City Suwanee State GA Zip Code 30024

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

Name of Employer Envision Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
09 / 21 / 2019

Transaction ID : RTKTVUXBJ2CF89E3MJW8

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Miller, Lauren, , ,

Mailing Address 4410 Laurel Grove Trce

City Suwanee State GA Zip Code 30024-6977

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

Name of Employer Student Occupation Student

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : RNBHCFXSK35VNHMH8RG

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 2912 Briarwood Dr E

City Arlington State IL Zip Code 60005-4631

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

Name of Employer Veterans VGT, LLC Occupation Terminal Operator/ President

Receipt For: 2020
 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 / 2019

Transaction ID : RHQ87NBGK8CFTJ5KZXH6

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 5745 Sunset Maple Dr

City Johns Creek State GA Zip Code 30005

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

Name of Employer Self Occupation MD

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2019

Transaction ID : RVSK2ZRPBFCXNN82H9SC

Amount of Each Receipt this Period
500.00

Memo Item

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 23 OF 58
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Najjar, D, Alan, ,

Mailing Address 2772 Bearcreek Pl

City Buford State GA Zip Code 30519-4608

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

Name of Employer Smith & Howard Occupation Director of Business Development

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : R68X52HG6QQX2BA24YYZ

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2723 Bonar Hall Path

City Duluth State GA Zip Code 30097

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

Name of Employer Self - BrightOrg Services Occupation Consulting Company

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : R74M9D9M2P8TWDAQ4A4z

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2723 Bonar Hall Path

City Duluth State GA Zip Code 30097

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

Name of Employer Self - BrightOrg Services Occupation Consulting Company

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : RSX73JMGHBCE2D6HSE3z

Amount of Each Receipt this Period
1800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00

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 24 OF 58 | |
| | <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)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Oglesby, Debra, , ,

Mailing Address 969 Middle Fork Trail

| | | |
|-----------------|-------------|-------------------|
| City Suwanee | State GA | Zip Code 30024 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

Transaction ID : REYNKKYUCYBE2339AWD

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

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

Mailing Address 969 Middle Fork Trail

| | | |
|-----------------|-------------|-------------------|
| City Suwanee | State GA | Zip Code 30024 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

Transaction ID : RCAN5Z5VFXFV7J3HRX8H

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

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

Mailing Address 104 D Ave

| | | |
|--------------|-------------|-------------------|
| City Lebo | State KS | Zip Code 66856 |
|--------------|-------------|-------------------|

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

| | |
|---------------------------|---|
| Name of Employer WCNOC | Occupation Radiation Protection Supervisor |
|---------------------------|---|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2019

Transaction ID : RBKJE2J4U8WNBPRPP5PSI

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 6100.00 |
| 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 25 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Ott, F Scott, , ,

Mailing Address 6450 N Swan #136

City Tucson State AZ Zip Code 85718

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

Name of Employer Self Occupation VC - Development

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2019

Transaction ID : **RP949X94YRGEJWKGAD9M**

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Patel, Aashish, , Dr.,

Mailing Address 510 Falls Watch Cir

City Alpharetta State GA Zip Code 30022-8058

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

Name of Employer Lawrenceville Family Dental Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2019

Transaction ID : **RBG44UU5CWYMUREKBG4**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Quisling, Scott, , Dr.,

Mailing Address 3275 Bransley Way

City Duluth State GA Zip Code 30097-3786

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

Name of Employer Resurgens Orthopedics Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2019

Transaction ID : **RD2H2M9PDYK62PG6WXS.**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Rogers, Annie, , ,

Mailing Address 3902 Gunnin Rd

City Norcross State GA Zip Code 30092-1952

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : **RP8N9TD4PRCCC6PRZ9TQ**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2422 Oak Hill Overlook

City Duluth State GA Zip Code 30097

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

Name of Employer SHOA Occupation Phys

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 08 / 2019

Transaction ID : **RQ2YZ97JFPFDRS7T2F9S**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2135 Enclave Mill Drive

City Dacula State GA Zip Code 30019-3290

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

Name of Employer E2E Occupation Business Owner

Receipt For: 2020
 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 / 2019

Transaction ID : **R886VB9D3JYZXE6HPXVQ**

Amount of Each Receipt this Period
500.00

Memo Item

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)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

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

Mailing Address 8220 Colonial Place

City: Duluth State: GA Zip Code: 30097

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

Name of Employer: Northside Hospital Occupation: Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 09 / 16 / 2019

Transaction ID : **RU4KC5K5B3PZWR2M6PS8**

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 2271 Grady Ridge Dr

City: Duluth State: GA Zip Code: 30097

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

Name of Employer: CVG Physicians Group LLC Occupation: Cardiologist

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 09 / 23 / 2019

Transaction ID : **RPHERC7JJV6GPS7426C8**

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Schube, Jeremy, , Dr.,

Mailing Address 715 Hunters View Point

City: Atlanta State: GA Zip Code: 30328

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

Name of Employer: Gwinnett Medical Occupation: Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 08 / 25 / 2019

Transaction ID : **RSMU9PFEU5SCWWZRE7F**

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

2000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Schumacher, Jennifer, , ,

Mailing Address 4106 Somerset Ct

City Grapevine State TX Zip Code 76051-6860

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2019

Transaction ID : **RN9HD5AC58W48YZZ5PU6**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5860 Clinchfield Trl

City Norcross State GA Zip Code 30092-2002

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 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 2019

Transaction ID : **R49KTNJFGZHD9HHVZPV7**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3380 Moye Trl

City Duluth State GA Zip Code 30097

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

Name of Employer RCOG Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 29 2019

Transaction ID : **RSZVMHJ64GX2S5WM9RK**

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Simon, Devon, , ,

Mailing Address 6087 Joybrook Rd

City Duluth State GA Zip Code 30097-5731

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2019

Transaction ID : **RU372B5F9RT6A9PUJ4NR**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Singh, S, , Dr.,

Mailing Address 1700 Tree Ln

City Snellville State GA Zip Code 30078

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

Name of Employer Eastside Medical Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2019

Transaction ID : **RHZ45UXRGG6YGHJCMMF**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Slaphey, Peggy, B, ,

Mailing Address 2008 Burgundy Dr

City Braselton State GA Zip Code 30517-2412

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

Name of Employer Peggy Slaphey Properties Inc. Occupation President

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : **R2JSGXHNMYEQD82H3HP:**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 30 OF 58
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Smith, Fred, , ,

Mailing Address 5790 Clinchfield Trail

City Peachtree Corners State GA Zip Code 30092

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : **RG3KMUD5BRCU572VK83M**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 497 East Main St

City Buford State GA Zip Code 30518

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

Name of Employer Envision Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : **RKYSMXNGCF76JVSS76UC**

Amount of Each Receipt this Period
1800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephens, John, D, ,

Mailing Address 6224 Sugarloaf Pkwy

City Duluth State GA Zip Code 30097-7482

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : **RTEQX45D3JKA74YBBCX3**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00

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

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Stillwagon, Gary, , ,
 Mailing Address 655 River Chase Ridge
 City Atlanta State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Oncology Occupation Medical Doctor
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 26 2019
Transaction ID : RWPYPTWPT8MCJJZF7Z5M
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Sullivan, Henry, , ,
 Mailing Address 2310 Goldmine Drive
 City Cumming State GA Zip Code 30040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sullivan & Forbes Building and Remodel Occupation Builder
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2019
Transaction ID : R4MW2VZTSHXC722CFSH6
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Taussig, Addam, , ,
 Mailing Address 5328 Bunghurst Ct
 City Suwanee State GA Zip Code 30024-7589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virtual Properties Realty Occupation Realtor
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 23 2019
Transaction ID : RV8P53PHZ54436AJKP4C
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Tu, Li-Kun, , ,

Mailing Address 318 W Country Dr.

City: Johns Creek State: GA Zip Code: 30097

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

Name of Employer: Self Occupation: Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2019

Transaction ID : R36TVG4MXTHSPM7K86WI

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 1715 Admirals Pointe

City: Cumming State: GA Zip Code: 30041-8667

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

Name of Employer: Giorgi's Family Kitchen Occupation: Restaurant Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2019

Transaction ID : R7ZCZXZR3KY7Q7M2XAUE

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Unterman, Marc, , Dr.,

Mailing Address 3868 Stratford Park Dr NE

City: Atlanta State: GA Zip Code: 30342-4301

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

Name of Employer: Eastside Medical Occupation: Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2019

Transaction ID : RKFKT6AVU4G7DHEBPMV

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

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

Use separate schedule(s)
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Ward, Debra, , ,

Mailing Address 1720 Mars Hill Rd

City Kennesaw State GA Zip Code 30152

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

Name of Employer D Ward Insurance Occupation Insurance Broker

Receipt For: 2020
 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 / 2019

Transaction ID : **RXUMA64U8E2D29844UNT**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 470 Country Club Rd

City Statesboro State GA Zip Code 30458

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

Name of Employer Self Occupation Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : **RR6VWTFITW3QNRDVHPS**

Amount of Each Receipt this Period
250.00

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).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | 59649.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 34 OF 58
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 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Georgia Orthopedic Society

Mailing Address 131 Holly Springs Dr

City Peachtree City State GA Zip Code 30269-3045

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 21 / 2019

Transaction ID : RABHYYZJKXS2ZC7BGEZ4

Amount of Each Receipt this Period
1000.00

Memo Item

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).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 1000.00 |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Political Action Committee of the AAOS

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2019

Transaction ID : RY27FTMMUR8SRG7S5BAI

Amount of Each Receipt this Period
1500.00

Memo Item

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).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 1500.00 |

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

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

FOR LINE NUMBER: PAGE 36 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
McCormick, Richard, Dean, ,

Mailing Address 4410 Laurel Grove Trce

City Suwanee State GA Zip Code 30024-6977

FEC ID number of contributing federal political committee. **C** H0GA07273

Name of Employer Envision Occupation Emergency Medical Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019

Transaction ID : RZTZMQP7Y94Q2YXGKZPC

Amount of Each Receipt this Period
 100000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
McCormick, Richard, Dean, ,

Mailing Address 4410 Laurel Grove Trce

City Suwanee State GA Zip Code 30024-6977

FEC ID number of contributing federal political committee. **C** H0GA07273

Name of Employer Envision Occupation Emergency Medical Physician

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
132000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : RUN2HG8CFR8MCQ2APXN

Amount of Each Receipt this Period
 32000.00

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)..... ▶ | 132000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 132000.00 |

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

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

FOR LINE NUMBER: PAGE 37 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Stout, Matt, , ,

Mailing Address 5250 Punkintown Rd

City Douglasville State GA Zip Code 30135-5715

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

Name of Employer Friends of McCormick Occupation Field Consultant

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2019

Transaction ID : RABCZ32A6S3YHYSEWT7

Amount of Each Receipt this Period
 10000.00

Memo Item
 Refund Duplicative Payment for Sign Installation and Management

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).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 10000.00 |

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

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

FOR LINE NUMBER: PAGE 38 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Armstrong Medical Inc.

Mailing Address 900 Waddington Ct

City Atlanta State GA Zip Code 30350

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2019

Transaction ID : **RNX22FVGUGTE5V6QN3HF**

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gynecology Association of Gwinnett

Mailing Address 601 Professional Drive Ste 330

City Lawrenceville State GA Zip Code 30048

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **RWETJQYEFYNMJYU6KRN**

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Seakrist Communications Inc.

Mailing Address 2000 Shadwell Way

City Lawrenceville State GA Zip Code 30043

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2019

Transaction ID : **RJH2G2SBGNQEC9AX33HI**

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of McCormick

A. Full Name (Last, First, Middle Initial)
Sierra Partners Consulting LLC

Mailing Address 5130 Saddlebred Ln

City Cumming State GA Zip Code 30028

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : R2VDTQGNJ6GZ7XVMM8V!

Amount of Each Receipt this Period
 2500.00

Memo Item
 Confirmed funds are eligible as a single member LLC

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).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 4200.00 |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Casas, Ann, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2019 | | |
| Mailing Address 281 Glaesburg Dr | | | FEC Identification Number C | | |
| City Lawrenceville | State GA | Zip Code 30044-4866 | Amount of Each Disbursement this Period 2025.00 | | |
| Purpose of Disbursement Finance Director Retainer | | Category/ Type 003 | Transaction ID : DCDHFJTK8AGT65343FEA | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Connect Media Solutions | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2019 | | |
| Mailing Address 2451 Cumberland Parkway SE | | | FEC Identification Number C | | |
| City Atlanta | State GA | Zip Code 30339-6136 | Amount of Each Disbursement this Period 7500.00 | | |
| Purpose of Disbursement Commercial Shoot and Production | | Category/ Type 004 | Transaction ID : DZGC8YM94VMNV77GE5BH | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Erikson, Elizabeth, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2019 | | |
| Mailing Address 750 Cambridge Crest Ln | | | FEC Identification Number C | | |
| City Alpharetta | State GA | Zip Code 30005-6779 | Amount of Each Disbursement this Period 750.00 | | |
| Purpose of Disbursement Candidate Photographs | | Category/ Type 001 | Transaction ID : DWAAY4QU7ZR8RMBT34FJ | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 10275.00 |
| 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 41 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Gwinnett Republican Party | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2019 | |
| Mailing Address 195 W Pike Street | | | FEC Identification Number C | |
| City Lawrenceville | State GA | Zip Code 30045 | Amount of Each Disbursement this Period 250.00 | |
| Purpose of Disbursement Sponsorship | | Category/ Type 011 | Transaction ID : DVSRXR8K35UJZYKWKMY | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Landmark Communications | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2019 | |
| Mailing Address 11300 Atlantis Pl Ste F | | | FEC Identification Number C | |
| City Alpharetta | State GA | Zip Code 30022-1155 | Amount of Each Disbursement this Period 17780.51 | |
| Purpose of Disbursement Campaign Consulting | | Category/ Type 001 | Transaction ID : DKBUZP4UPVEY6D7MB4MV | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Landmark Communications | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2019 | |
| Mailing Address 11300 Atlantis Pl Ste F | | | FEC Identification Number C | |
| City Alpharetta | State GA | Zip Code 30022-1155 | Amount of Each Disbursement this Period 947.13 | |
| Purpose of Disbursement Campaign Consulting | | Category/ Type 001 | Transaction ID : DDQMMRPZ4FDEGDM5ATW | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 18977.64 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Landmark Communications | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2019 | | |
| Mailing Address 11300 Atlantis Pl Ste F | | | FEC Identification Number C | | |
| City Alpharetta | State GA | Zip Code 30022-1155 | Amount of Each Disbursement this Period 2200.00 | | |
| Purpose of Disbursement Campaign Website | | Category/ Type 006 | Transaction ID : D5FNWS58HWDWTD2QGKT7 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Landmark Communications | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2019 | | |
| Mailing Address 11300 Atlantis Pl Ste F | | | FEC Identification Number C | | |
| City Alpharetta | State GA | Zip Code 30022-1155 | Amount of Each Disbursement this Period 6893.92 | | |
| Purpose of Disbursement Campaign Stationary, Signs and Materials | | Category/ Type 006 | Transaction ID : DWXCRZUMNJADKCAUEXI | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Landmark Communications | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2019 | | |
| Mailing Address 11300 Atlantis Pl Ste F | | | FEC Identification Number C | | |
| City Alpharetta | State GA | Zip Code 30022-1155 | Amount of Each Disbursement this Period 2464.15 | | |
| Purpose of Disbursement Campaign Stationary, Signs and Materials | | Category/ Type 006 | Transaction ID : DVV2XBZJHA9MJF25AKN9 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 11558.07 |
| 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 43 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Landmark Communications | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2019 |
| Mailing Address 11300 Atlantis Pl Ste F | | FEC Identification Number C |
| City Alpharetta | State GA | Zip Code 30022-1155 |
| Purpose of Disbursement List Management | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 2500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DQUHES2N4UA2UFTRMJVC |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 158.75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D7VPS7Q7NV4HBGUPW82K |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 19.75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DW4A2MPC5TDSGQGAB42L |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2678.50 |
| 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 44 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 13.88 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : D2ACS2SU5ASKDNTAC5ZB | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 12.20 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DFE9SWWHWMQCJ8TQVR6 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 23.90 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DE98NWRVX2649S6Q5DRX | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 49.98 |
| 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 45 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 39.25 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DPBJH2XZ5H9PT2FBX9QS | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 10.00 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DAHPJD24Q2FYETZ6XVFW | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 2.20 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DWPKQFJ5JT3D9HTTEWNQ | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 51.45 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2019 | | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 19.75 | | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DH4ECP4U92YJMMGUQZPM | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2019 | | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 1.50 | | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DC8KKFUPYCRQV3ERFZFX | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2019 | | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 1.00 | | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DHTAFBFYYJZ3Q46HG2YM | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 22.25 |
| 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 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 39.25 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D9W3DXTPNR258J9SJPZV |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 4.15 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DT4GEGRYRE7MKKYRNDM/ |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 78.25 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DQMNRYABM8B7UH9N57J96 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 121.65 |
| 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 48 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 11.95 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D6NSC8GR98WZA83DW37V |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 109.41 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DQKAZ3G8MP8UEVF3WBPE |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 39.25 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DBGJX57CFUYB5S34TB |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 160.61 |
| 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 49 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 28.30 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DSWFTSJXZTK8RUFQERKR | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 16.10 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DZ5965QCEW65NDJGR98U | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 23.90 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : DCHCH8QK9HJ997WEZVFK | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 68.30 |
| 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 50 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 60.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DF6YVPYVAVNBDFJZ7NU8 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 43.40 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D8MBYH9DC59A5S9FE7UX |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 10.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DPHJB5NKKTJTDGFC44YW |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 113.40 |
| 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 51 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 49.75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DXJYSJB7Q98Q5H4HDVW6 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 39.25 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : D7UCZMGCY7YHEJNWY23W |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 297.90 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DK4J72A3TRREMGCBGWC1 |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 386.90 |
| 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 52 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 98.50 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DUNZWZRKPKTK4ND7WV2U |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 84.60 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DEJGB3883CH77T94R748 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Raise The Money | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019 |
| Mailing Address P.O. Box 26466 | | FEC Identification Number C |
| City Little Rock | State AR | Zip Code 72221 |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | Category/ Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 10.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : DF8ZKMEUYQC8G63QSMW! |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 193.10 |
| 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 53 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Raise The Money | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | |
| Mailing Address P.O. Box 26466 | | | FEC Identification Number C | |
| City Little Rock | State AR | Zip Code 72221 | Amount of Each Disbursement this Period 29.75 | |
| Purpose of Disbursement Merchant Process on Credit Card Receipts | | Category/ Type 003 | Transaction ID : D9QUTNWZ9EJ38KRHJMM | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Stout, Matt, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2019 | |
| Mailing Address 5250 Punkintown Rd | | | FEC Identification Number C | |
| City Douglasville | State GA | Zip Code 30135-5715 | Amount of Each Disbursement this Period 10000.00 | |
| Purpose of Disbursement Sign Installation and Management | | Category/ Type 004 | Transaction ID : DXXUWR3AKRXNRPXM3Q: | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Stout, Matt, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2019 | |
| Mailing Address 5250 Punkintown Rd | | | FEC Identification Number C | |
| City Douglasville | State GA | Zip Code 30135-5715 | Amount of Each Disbursement this Period 10000.00 | |
| Purpose of Disbursement Sign Installation and Management | | Category/ Type 001 | Transaction ID : DBMUF3NSC8DTJ9266NXK | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 20029.75 |
| 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 54 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of McCormick

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Swanson, Bo, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2019 | | |
| Mailing Address 4546 Goose Creek Way | | | FEC Identification Number C | | |
| City Norcross | State GA | Zip Code 30092-1127 | Amount of Each Disbursement this Period 3500.00 | | |
| Purpose of Disbursement Campaign Manager | | Category/ Type 001 | Transaction ID : DEQ3CVQHSURHZ7YJTZXU | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Swanson, Bo, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2019 | | |
| Mailing Address 4546 Goose Creek Way | | | FEC Identification Number C | | |
| City Norcross | State GA | Zip Code 30092-1127 | Amount of Each Disbursement this Period 3500.00 | | |
| Purpose of Disbursement Campaign Manager | | Category/ Type 001 | Transaction ID : DE33CD82QQN98WW4GECF | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" 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 | Amount of Each Disbursement this Period | | |
| Purpose of Disbursement | | Category/ Type | Memo Item <input type="checkbox"/> | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 7000.00 |
| TOTAL This Period (last page this line number only).....▶ | 71686.60 |

**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 55 OF 58 | | | |
| | <input type="checkbox"/> 17 <input checked="" 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)
Friends of McCormick

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Armstrong Medical Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 900 Waddington Ct | | | FEC Identification Number C | | |
| City Atlanta | State GA | Zip Code 30350 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement Contribution Check Deposited In Error - Determined to be drawn on corporate funds | | Category/Type 010 | Transaction ID : DZNDPYR42DFTC7GXFTNA | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Gynecology Association of Gwinnett | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 601 Professional Drive Ste 330 | | | FEC Identification Number C | | |
| City Lawrenceville | State GA | Zip Code 30048 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement Contribution Check Deposited In Error - Determined to be drawn on corporate funds | | Category/Type 010 | Transaction ID : DEJMU6ABGC6SXJEQYXAD | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Hogan Healthcare PC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 610 Peachtree Pkwy Ste 203 | | | FEC Identification Number C | | |
| City CUMMING | State GA | Zip Code 30041-9762 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement Contribution Check Deposited In Error - Determined to be drawn on corporate funds | | Category/Type 010 | Transaction ID : DYQNP6T6EXCX4ZGXRHGK | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2000.00 |
| 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 56 OF 58 | | | |
| | <input type="checkbox"/> 17 <input checked="" 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)
Friends of McCormick

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Seakrist Communications Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 2000 Shadwell Way | | | FEC Identification Number C | | |
| City Lawrenceville | State GA | Zip Code 30043 | Amount of Each Disbursement this Period 200.00 | | |
| Purpose of Disbursement Refund of Contribution Erroneously Deposited that is Drawn on Corporate Funds | | 010 | Transaction ID : D78AQX6VMD3Z8XST5XN5 | | |
| Candidate Name | | Category/Type | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Still, Shawn, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 2850 Simpson Circle | | | FEC Identification Number C | | |
| City Norcross | State GA | Zip Code 30071-2824 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement Refund of Contribution Erroneously Deposited that is Drawn on Corporate Funds | | 010 | Transaction ID : DG35VH8QHM3NP9JP6J5T | | |
| Candidate Name | | Category/Type | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Ward, Debra, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 1720 Mars Hill Rd | | | FEC Identification Number C | | |
| City Kennesaw | State GA | Zip Code 30152 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement Contribution Check Deposited In Error - Determined to be drawn on corporate funds | | 010 | Transaction ID : D8A4YZ57EUR8DYNCWAZM | | |
| Candidate Name | | Category/Type | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1700.00 |
| TOTAL This Period (last page this line number only).....▶ | 3700.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of McCormick** Transaction ID : **LAQSQX989PK2UQM7J2XU**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) McCormick, Richard, Dean, , | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 4410 Laurel Grove Trce | | | |
| City Suwanee | State GA | ZIP Code 30024-6977 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 27 / Y 2019 | Date Due M 12 / D 31 / Y 2020 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <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).....▶ | 100000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of McCormick** Transaction ID : **LJKUD9WA4DN9N534URFV**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) McCormick, Richard, Dean, , | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 4410 Laurel Grove Trce | | | |
| City Suwanee | State GA | ZIP Code 30024-6977 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 32000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 32000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 30 / Y 2019 | Date Due M 12 / D 31 / Y 2020 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <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).....▶ | 32000.00 |
| TOTALS This Period (last page in this line only).....▶ | 132000.00 |

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