

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

DR HEAVENLY FOR GEORGIA LLC

ADDRESS (number and street)

3375 Centerville Hwy

 (Check if address  
is changed)

PO Box 390022

Snellville

CITY ▲

GA

30039

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

hkimes1032@aol.com

Optional Second E-Mail Address

natasha@nasmithcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

2. DATE

08

26

2025

3. FEC IDENTIFICATION NUMBER ►

C

C00917500

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SPANN, SHANTEE,,

Signature of Treasurer SPANN, SHANTEE,,

Date

09

27

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

## DR HEAVENLY FOR GEORGIA LLC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

SMITH, NATASHA, , ,

Mailing Address

2302 PARKLAKE DR NE STE 660

GA

30345

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ACCOUNTANT

Telephone number

404 - 296 - 0050

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

SPANN, SHANTEE, , ,

Mailing Address

40 LARK ROAD

GA

30015

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

678 - 571 - 4157

Full Name of  
Designated  
Agent

SMITH, NATASHA, , ,

Mailing Address

2302 PARKLAKE DR NE STE 660

ATLANTA

GA

30345

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TRUIST

Mailing Address

930 SOUTH MAIN ST NE

CONYERS

GA

30012

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲