

MAY 06 2024

02/20

CFC-CCDR

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

CLERK OF PROBATE COURT
CHATHAM COUNTY, GEORGIA

1. Report Type
(Select One)

Original

Amendment

Amendment # _____

2. Filing is being made on behalf of (Select One):

Candidate or Public Official
Office Held or Sought Chatham County Solicitor General
(Include county, municipality, district, post or judicial seat)

Filer ID _____
(Filer ID that begins with the letter "C")

Organization or Person Other than Candidate's Campaign Committee
Committee Name: _____
Filer ID: _____
(Filer ID that begins with the letter "NC")

Use Earlier of Post Mark or Hand-Delivered Date

3. Identifying and Contact Information

(1) Blake Allan Eisberry (2) 5/6/24
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 164 Pine Street Trion GA 30753
Mailing Address City State Zip Code

(4) 706-676-2096 and/or Eisberry Blake 80@yahoo.com
Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? Yes No

(6) If yes, is the committee registered with the Commission? Yes No

(7) If yes, complete the following:
Name of Committee Chairperson _____ Name of Committee Treasurer _____

4. Period for which you are Reporting

You Must Check Only One Box

My Non-Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input checked="" type="checkbox"/> April 30, <u>2024</u> (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)			

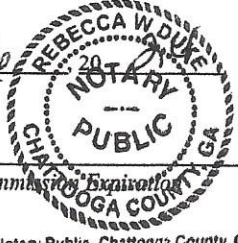
*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i

State of Georgia County of Chatham

I, Blake Eisberry, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on May 6

[Signature]
Signature of Notary Public



[Signature]

a. Signature of Candidate
b. Organization/Chairperson/Treasurer

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State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		5,700
3a	All loans received this reporting period.		
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		4,222.72
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		9,922.72
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		18,872.72

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		1,027.31
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		11,877.41
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page		1,041.34
11	Total expenditures reported this period. (Line 9 + 10)		12,918.75
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		13,946.06

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		
14	Total value of investments held at the end of this reporting period.		

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		4,924.66
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* O.C.G.A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

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State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Hi-Tech Signs Last Name 1018 N 5th Ave. Address Address2 City Rome State GA Zip 30165	Date Feb. 27, 2024 through April 10th, 2024 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Signs Employer	Sign printing & mailers	5,112.01
First Name Summit News Last Name Address 20 Wildlife Lake Address2 Road City Summerville State GA Zip 30747	Date Feb. 5, 2024 through April 24, 2024 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Publication Employer	Ads	1,169.26
First Name Meta Last Name Face book Address 1 Hilda Way Address2 Monte Park City State CA Zip 94025	Date 2-10-24 through 4-30-24 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Social media Employer	Ads	950.89

Page Total \$ **7,232.66**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
Public Officer/Candidate/Other Than Candidate Committee Name

[Handwritten Signature]

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Julie Last Name Bartlett Address 175 Wyncote Circle Address2 City Fayetteville State GA Zip 30215	Date 4-16-24 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Teacher & Behavior Employer	Cookies for event	\$300	
First Name Charlotta Last Name Conroy Address 10102 Commerce St. Address2 City Summerville State GA Zip 30747	Date 3-5-24 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Qualifying Fees	\$2,747.42	
First Name Courtney Last Name Burnes Address 223 Address2 Bitings Ave. City Summerville State GA Zip 30747	Date 3-12-24 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	T-shirts	\$280	
First Name Deluxe Inc. Last Name Address P.O. Box 4656 Address2 City Carol Stream State IL Zip 60197	Date 3-28-24 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Pens	\$126.70	

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ **3,454.12**

Public Officer/Candidate/Other Than Candidate Committee Name

JLCL

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**State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement**

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report should not be listed on Addendum Statement.

