

**BEFORE THE STATE ETHICS COMMISSION
STATE OF GEORGIA**

IN THE MATTER OF:

CASE NO.: 25-0040-C

LESTER MILLER

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COMPLAINT

COMES NOW, the Georgia Ethics Commission (hereinafter “Commission”) and files this Complaint against Lester Miller (hereinafter “Respondent”) and asserts the following:

1.

The Respondent is a resident of Bibb County, State of Georgia.

2.

Respondent currently serves as the Mayor of Macon-Bibb County after being the successful candidate in the 2020 and 2024 election cycles. As a candidate for public office and public official, Respondent is subject to the rules and regulations of the Commission. *See* O.C.G.A § 21-5-2 (The commission is charged with the enforcement of the Georgia Government Transparency and Campaign Finance Act (hereinafter the “Act”) to protect the integrity of the democratic process and hold public officers accountable).

3.

Respondent may be served according to law at his address listed with the Commission; to wit: 8751 Eisenhower Parkway, Lizella, Georgia 31052.

4.

The office of Macon-Bibb County Mayor encompasses a four-year-term office. Thus, the

Act requires that any action alleging a violation of its terms must be commenced within five years from the date of filing of the first report containing said violation. O.C.G.A. § 21-5-13.¹ In the case *sub judice*, a *sua sponte* complaint was instituted by the Commission on May 19, 2025. The complaint addresses filing violations that have occurred within the last five years and as such, is not barred by the statute of limitations.

5.

The Campaign Finance Act requires contributions to a candidate or campaign committee to be used only to defray ordinary and necessary expenses incurred in connection with such candidate's campaign for elective office or such public officer's fulfillment or retention of such office. O.C.G.A. § 21-5-33(a).

6.

The Act further regulates how excess campaign contributions may be spent, specifically as donations to any charitable organization with limitation; for transferal to any national, state, or local committee of any political party or to any candidate; for transferal to persons making such contributions not to exceed the total amount cumulatively contributed by each transferee; for use in future campaigns for the same elective office; for repayment of prior campaign obligations incurred as a candidate; or for transfer without limitation to one or more political action committees. O.C.G.A. § 21-5-33(b).

7.

¹ The Campaign Finance Act defines the commencement of an action for purpose of tolling the relevant statute of limitations as (1) the acceptance of a complaint pursuant to Code section 21-5-7; or (2) the service of a summons or hearing notice by the Commission and/or the Attorney General notifying such person of the alleged violation of the Campaign Finance Act in accordance with O.C.G.A. § 50-13-1, *et seq.*

All dispositions of campaign contributions under O.C.G.A. § 21-5-33 are subject to the prohibition listed in section (b), paragraph (2), specifically:

Nothing in this Code section shall permit or authorize a candidate to utilize campaign funds for the purpose of making gifts, loans, or investments directly to:

- (A) The candidate;
- (B) A member of the candidate's family;
- (C) Any business in which the candidate or a member of the candidate's family has an ownership interest;
- (D) The candidate's trust or a trust of a member of the candidate's family; or
- (E) Any nonprofit organization of which the candidate or a member of the candidate's family is on the payroll or has a controlling interest.**

O.C.G.A. § 21-5-33(b)(2). See Exhibit 1.

8.

Advance Alliance of Georgia Action Fund, Inc. registered as a domestic nonprofit corporation with the Georgia Secretary of State on August 21, 2023. The corporation is located at 563 Walnut Street, Macon, Georgia 31201. Respondent is the named Chief Executive Officer of the organization. See Exhibit 2.

9.

Respondent violated the prohibition set forth in O.C.G.A. § 21-5-33(b)(2)(E) five times in the following particulars:

1. On March 28, 2024, Respondent expended \$100,000 in campaign contributions to Advance Alliance of Georgia Action Fund, LLC, a nonprofit corporation he has a controlling interest in.

2. On April 19, 2024, Respondent expended \$50,000 in campaign contributions to Advance Alliance of Georgia Action Fund, LLC, a nonprofit corporation he has a controlling interest in.
3. On May 20, 2024, Respondent expended \$50,000 in campaign contributions to Advance Alliance of Georgia Action Fund, LLC, a nonprofit corporation he has a controlling interest in.
4. On May 28, 2024, Respondent expended \$10,000 in campaign contributions to Advance Alliance of Georgia Action Fund, LLC, a nonprofit corporation he has a controlling interest in.
5. On June 20, 2024, Respondent expended \$10,000 in campaign contributions to Advance Alliance of Georgia Action Fund, LLC, a nonprofit corporation he has a controlling interest in.

See Exhibit 3.

WHEREFORE, Commission staff pray as follows:

- a) That process issue and Respondent be served with a copy of this Complaint.
- b) That, in the event that a violation of the Act is substantiated, Respondent be appropriately sanctioned by the Commission in accordance with O.C.G.A. § 21-5-6(14).

Respectfully submitted, this is the 19th day of May, 2025.

State Ethics Commission



Timothy Baywal
Staff Attorney
Georgia State Bar No.: 460743

200 Piedmont Ave, SE
Suite 1416 – West Tower
Atlanta, GA 30334
(470) 355-6000
(404) 463-1988 facsimile

**BEFORE THE STATE ETHICS COMMISSION
STATE OF GEORGIA**

IN THE MATTER OF:

LESTER MILLER

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CASE NO.: 25-0040-C

CERTIFICATE OF SERVICE

This will certify that I have, this day, delivered and served a true and exact copy of the foregoing Amended Complaint upon the following by placing a true and exact copy of same in the United States mail with adequate postage affixed thereto and addressed as follows:

Lester Miller
8751 Eisenhower Parkway
Lizella, Georgia 31052

This 19th day of May, 2025.



Timothy Baywal
Georgia State Bar No.: 460743
Georgia State Ethics Commission

Exhibit 1

O.C.G.A. 21-5-33 Statutory Text



User Name: Timothy Baywal

Date and Time: Monday, May 19, 2025 1:21 PM EDT

Job Number: 253202677

Document (1)

1. O.C.G.A. § 21-5-33

Client/Matter: -None-

Search Terms: ocga 21-5-34

Search Type: Natural Language

O.C.G.A. § 21-5-33

Current through Act 6 of the 2025 Regular Session of the General Assembly but not including corrections and changes made by the Office of Legislative Counsel.

Official Code of Georgia Annotated > *TITLE 21 Elections (Chs. 1 — 5)* >
CHAPTER 5 Government Transparency and Campaign Finance (Arts. 1 — 4) > *Article*
2 Campaign Contributions (§§ 21-5-30 — 21-5-36)

Notice

🚩 This section has more than one version with varying effective dates.

21-5-33. Disposition of contributions.

(a) Contributions to a candidate, a campaign committee, or a public officer holding elective office and any proceeds from investing such contributions shall be utilized only to defray ordinary and necessary expenses, which may include any loan of money from a candidate or public officer holding elective office to the campaign committee of such candidate or such public officer, incurred in connection with such candidate's campaign for elective office or such public officer's fulfillment or retention of such office.

(b)

(1) All contributions received by a candidate or such candidate's campaign committee or a public officer holding elective office in excess of those necessary to defray expenses pursuant to subsection (a) of this Code section and as determined by such candidate or such public officer may only be used as follows:

(A) As donations to any charitable organization described in 26 U.S.C. Section 170(c) as said federal statute exists on March 1, 1986, and which additionally shall include educational, eleemosynary, and nonprofit organizations subject to the prohibitions contained in paragraph (2) of this subsection;

(B) Except as otherwise provided in subparagraph (D) of this paragraph, for transferral without limitation to any national, state, or local committee of any political party or to any candidate;

(C) For transferral without limitation to persons making such contributions, not to exceed the total amount cumulatively contributed by each such transferee;

(D) For use in future campaigns for only that elective office for which those contributions were received. With respect to contributions held on January 1, 1992, or received thereafter, in the event the candidate, campaign committee, or public officer holding elective office has not designated, prior to receiving contributions to which this Code section is applicable, the office for which campaign contributions are received thereby, those contributions shall be deemed to have been received for the elective office which the candidate held at the time the contributions were received or, if the candidate did not then hold elective office, those contributions shall be deemed to have been received for that elective office for which that person was a candidate most recently following the receipt of such contributions;

(E) For repayment of any prior campaign obligations incurred as a candidate; or

O.C.G.A. § 21-5-33

- (F) For transfer without limitation to one or more political action committees.
- (2) Nothing in this Code section shall permit or authorize a candidate to utilize campaign funds for the purpose of making gifts, loans, or investments directly to:
- (A) The candidate;
 - (B) A member of the candidate's family;
 - (C) Any business in which the candidate or a member of the candidate's family has an ownership interest;
 - (D) The candidate's trust or a trust of a member of the candidate's family; or
 - (E) Any nonprofit organization of which the candidate or a member of the candidate's family is on the payroll or has a controlling interest.
- (3) Any candidate or public officer holding elective office may provide in the will of such candidate or such public officer that the contributions shall be spent in any of the authorized manners upon the death of such candidate or such public officer; and, in the absence of any such direction in the probated will of such candidate or such public officer, the contributions shall be paid to the treasury of the state party with which such candidate or such public officer was affiliated in such candidate's or such public officer's last election or elective office after the payment of any expenses pursuant to subsection (a) of this Code section. Notwithstanding any other provisions of this paragraph, the personal representative or executor of the estate shall be allowed to use or pay out funds in the campaign account in any manner authorized in subparagraphs (A) through (F) of paragraph (1) of this subsection.
- (c) Contributions and interest thereon, if any, shall not constitute personal assets of such candidate or such public officer.
- (d)
- (1) Contributions received by a campaign committee designed to bring about the recall of a public officer holding elective office or to oppose the recall of a public officer holding elective office or any person or to bring about the approval or rejection by the voters of any proposed constitutional amendment, a state-wide referendum, or a proposed question which is to appear on the ballot in any county or municipal election and any proceeds derived from investing such contributions shall be utilized only to defray ordinary and necessary expenses associated with influencing the voters on such issue.
 - (2) All contributions received by a campaign committee as provided in paragraph (1) of this subsection in excess of those necessary to defray expenses relative to the influencing of voters on such issue as determined by the campaign committee may only be used as follows:
 - (A) Contributions to any charitable organization described in 26 U.S.C. Section 170(c) as such federal statute exists on March 1, 1986, and which additionally shall include educational, eleemosynary, and nonprofit organizations; or
 - (B) For repayment on a pro rata basis to persons making such contributions.

History

Code 1981, § 21-5-33, enacted by Ga. L. 1986, p. 957, § 1; Ga. L. 1987, p. 458, § 3; Ga. L. 1990, p. 1327, § 1; Ga. L. 1992, p. 1075, § 5; Ga. L. 2022, p. 3, § 9/SB 120; Ga. L. 2023, p. 608, § 3/HB 572, effective July 1, 2023; Ga. L. 2023, p. 730, § 2(10)/HB 475, effective July 1, 2023.

Annotations

Notes

Amendments.

The 2022 amendment, effective March 2, 2022, in subparagraph (b)(1)(A), substituted “donations” for “contributions” at the beginning and added “subject to the prohibitions contained in paragraph (2) of this subsection” at the end; deleted “or” at the end of subparagraph (b)(1)(D), substituted “; or” for a period at the end of subparagraph (b)(1)(E), and added subparagraph (b)(1)(F); added paragraph (b)(2); and redesignated former paragraph (b)(2) as present paragraph (b)(3).

The first 2023 amendment, effective July 1, 2023, substituted “subparagraphs (A) through (F)” for “subparagraphs (A) through (E)” in paragraph (b)(3). The second 2023 amendment, effective July 1, 2023, part of an Act to revise, modernize, and correct the Code, inserted “Section” in subparagraphs (b)(1)(A) and (d)(2)(A).

Editor’s notes.

Ga. L. 1990, p. 1327, § 2, not codified by the General Assembly, provides that nothing in that Act shall apply to or affect contributions lawfully converted to the personal use of a candidate or public officer prior to April 11, 1990.

JUDICIAL DECISIONS

Relationship to bankruptcy. —

When the issue was whether the campaign funds of the debtor, a candidate for public office who filed for Chapter 13 bankruptcy without incorporating the campaign, were the property of the bankruptcy estate, the limitation in O.C.G.A. § 21-5-33(c) that campaign funds shall not constitute personal assets was not a restriction on the transfer of a beneficial interest of the debtor in a trust as required by 11 U.S.C. § 541(c)(2). *In re Chambers*, 451 B.R. 621, 2011 Bankr. LEXIS 1986 (Bankr. N.D. Ga. 2011).

When the issue was whether the campaign funds of the debtor, a candidate for public office who filed for Chapter 13 bankruptcy without incorporating the campaign, were the property of the bankruptcy estate, although O.C.G.A. § 21-5-33(a)-(c) restricted use of the campaign funds, the anti-alienation provision in 11 U.S.C. § 541(c)(1)(A) prevented the state law from excluding the funds from becoming the property of the estate. *In re Chambers*, 451 B.R. 621, 2011 Bankr. LEXIS 1986 (Bankr. N.D. Ga. 2011).

When the creditor with a general nonpriority unsecured claim for payment for campaign services which the creditor provided to the debtor sought priority status, the Georgia Ethics Act, O.C.G.A. § 21-5-1 et seq., did not provide the creditor with a lien on the campaign funds and, even if Georgia law purported to establish the priority of the claim over others, that state statute would be preempted by the Bankruptcy Code. *Rosetta Stone Communs., LLC v. Gordon (In re Chambers)*, 500 B.R. 221, 2013 Bankr. LEXIS 4484 (Bankr. N.D. Ga. 2013).

Judge’s misuse of campaign funds. — Judge was removed from office after the judge was found to have financed a trip to Hawaii with campaign funds, failed to report transfers of campaign funds to the judge’s law office account, accepted an unsecured, unguaranteed loan from a vulnerable individual, among other wrongs, all which involved bad faith. *Inquiry Concerning Coomer*, 316 Ga. 855, 892 S.E.2d 3, 2023 Ga. LEXIS 160 (2023).

Opinion Notes

OPINIONS OF THE ATTORNEY GENERAL

O.C.G.A. § 21-5-33

Section applicable to campaign committees. —

A campaign committee which is formed for the purpose of accepting contributions for, making contributions to, or making expenditures on behalf of a candidate, is subject to the requirements of O.C.G.A. § 21-5-33 relative to the disposition of excess contributions in the same manner as a candidate's campaign committee. 1987 Op. Att'y Gen. No. 87-26.

Compensation of secretary for political action committee. —

A secretary who maintains the records of a political action committee may be compensated from committee funds under state law since the provisions of O.C.G.A. § 21-5-33 which limit the distribution of funds received by the candidate and campaign committees would not apply to political action committees and, even assuming that they did, the funds can be utilized to defray ordinary and necessary expenses involved in a campaign. 1987 Op. Att'y Gen. No. 87-18 (But see 1989 Op. Att'y Gen. No. 89-54).

Distribution of campaign contributions for future campaigns. —

Elected officials may distribute campaign contributions in excess of those necessary to defray expenses to a national, state, or local committee of their political party for use in future campaigns, as long as the transfer is not made for the purpose of avoiding the restrictions contained in O.C.G.A. § 21-5-33. 1992 Op. Att'y Gen. No. U92-18.

Use of campaign contributions for political advertising. —

There is no prohibition on the use of campaign contributions for political advertising in publications. 1992 Op. Att'y Gen. No. U92-18.

Campaign contributions and nonprofit organizations. —

Nonprofit organizations may receive those campaign contributions which are in excess of those necessary to defray expenses. 1992 Op. Att'y Gen. No. U92-18.

Research References & Practice Aids

Law reviews.

For note on the 1992 amendment of this Code section, see 9 Ga. St. U. L. Rev. 247 (1992).

For article, "SB 221: The Creation of Election Leadership Committees," see 38 Ga. St. U.L. Rev. 155 (2021).

Hierarchy Notes:

O.C.G.A. Title 21

O.C.G.A. Title 21, Ch. 5

O.C.G.A. Title 21, Ch. 5, Art. 2

Official Code of Georgia Annotated
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Exhibit 2

Advance Alliance of Georgia Action Fund, Inc. Registration



GEORGIA
CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **Advance Alliance of Georgia Action Fund, Inc.** Control Number: **23183280**

Business Type: **Domestic Nonprofit Corporation** Business Status: **Active/Compliance**

NAICS Code: **Any legal purpose** NAICS Sub Code:

Principal Office Address: **563 Walnut Street, Macon, GA, 31201, USA** Date of Formation / Registration Date: **8/21/2023**

State of Formation: **Georgia** Last Annual Registration Year: **2026**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Blake Lisenby**

Physical Address: **777 Walnut Street, Macon, GA, 31201, USA**

County: **Bibb**

OFFICER INFORMATION

Name	Title	Business Address
Jacob Patton	Secretary	4390 Interstate Drive, Macon, GA, 31210, USA
Jason Downey	CFO	140 Beaver Creek Drive, Gray, GA, 31032, USA
Lester Miller	CEO	8751 Eisenhower Parkway, Lizella, GA, 31052, USA

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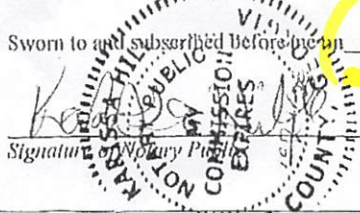
[Filing History](#)

[Name History](#)

[Return to Business Search](#)

Exhibit 3

Amended CCDRs for the April 30, 2024 and June 30,
2024 reporting periods

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			
1. Report Type (Select One) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>2</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Mayor Macon-Bibb County</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Lester Miller for Mayor</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>		Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3. Identifying and Contact Information (1) <u>Lester Monroe Miller</u> (2) <u>10/7/2024</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date</small> (3) <u>8751 Eisenhower Pkwy</u> <u>Lizella</u> <u>GA</u> <small>Mailing Address City State Zip Code</small> (4) <u>478-751-7170</u> and/ or <u>lles89@aol.com</u> <small>Primary Contact Phone Number E-Mail</small> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (6) If yes, is the committee registered with the Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (7) If yes, complete the following: <u>Lester Miller</u> <u>Ronnie Gilbert</u> <small>Name of Committee Chairperson Name of Committee Treasurer</small>			
4. Period for which you are Reporting You Must Check Only One Box			
My Non-Election Year <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year) Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year) <small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-341</small>	My Election Year <input type="checkbox"/> January 31, _____ (year) <input checked="" type="checkbox"/> April 30, 2024 (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)	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small> <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)	Special Election <input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
State of <u>Georgia</u> County of <u>Bibb</u> I, <u>Lester M. Miller</u> , 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 <u>Oct. 7th, 2024</u> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature of Notary Public </div> <div style="text-align: center;"> <u>10/24/24</u> Commission Expiration </div> <div style="text-align: center;"> <u>Lester M. Miller</u> a. Signature of Candidate b. Organization/Chairperson/Treasurer </div> </div>			

CFC-CCDR 10/19

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

		In-Kind Estimated Value	Cash Amount
1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:		
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.	13,786.00	1,092,799.71
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		8,575.00
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
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.		329.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		8,904.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		1,101,703.71

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" 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.	13,786.00	698,356.43
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0	187,258.60
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		187.36
11	Total expenditures reported this period. (Line 9 + 10)		187,445.96
12	Total expenditures to date: Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	13,786.00	885,802.39

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)	0	215,901.32
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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.

Lester Miller for Mayor

2 12

170-CYDR 10/19

State of Georgia Campaign Contribution Disclosure Report Outstanding Indebtedness		
Election Cycle*: <u>General</u> Election Year: <u>2024</u>		Amount
1	Outstanding indebtedness at the beginning of this reporting period.	18,000.00
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	1000.00
5	Credits received on loans this reporting period	0
6	Payments this reporting period on previously deferred expenses.	0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	17,000.00
Election Cycle*: _____ Election Year: _____		Amount
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		Amount
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
Public Officer/Candidate/Other Than Candidate Committee Name

CTC-CFR 6019

State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
 Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Anisel Properties	Date 3/20/2024	Occupation N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 3000.00	Est. Value
Last Name 100 Pinnacle Ct.					
Address					
Address2					
City Macon	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
State GA	<input type="checkbox"/> In-Kind				
Zip 31201	<input type="checkbox"/> Common Source				
Aff. Comm. N/A	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name David	Date 4/19/2024	Occupation RETIRED	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 300.00	Est. Value
Last Name Bolton					
Address 7620 Buokhorn Ct.					
Address2					
City Macon	<input checked="" type="checkbox"/> Monetary	Employer RETIRED			Description
State GA	<input type="checkbox"/> In-Kind				
Zip 31220	<input type="checkbox"/> Common Source				
Aff. Comm. N/A	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Mike	Date 4/1/2024	Occupation Information Requested	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 600.00	Est. Value
Last Name Clabatlioni					
Address 407 Rosewood St.					
Address2					
City Chattanooga	<input checked="" type="checkbox"/> Monetary	Employer Information Requested			Description
State TN	<input type="checkbox"/> In-Kind				
Zip 37405	<input type="checkbox"/> Common Source				
Aff. Comm. N/A	<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 0.000.00 \$

Public Officer/Candidate/Other Than Candidate Committee Name

Lester M. Miller/Lester Miller for Mayor

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First Name or Business Name		Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Jason Downey 140 Beaver Creek Dr. Gray GA 31032 N/A		2/3/2024	Attorney Ken Nugent	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	125.00	
George Jones 4673 Rivoli Drive Macon GA 31210 N/A		4/19/2024	Chief Operations Officer L.E. Swartz & Sons	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	600.00	
Macon Fire Fighters Credit Union N/A		4/19/2024	N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	600.00	
Samer Othman 404 Old Mill Ct. Macon GA 31210 N/A		3/15/2024	Dentist Self	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	600.00	
Itemized Contributions Page Total					1,825.00	

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Lester M. Miller/Lester Miller for Mayor

Public Officer/Candidate/Other Than Candidate Committee Name

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First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Barry Last Name Quesnel Address P.O. Box 26384 Address2 City Macon State GA Zip 31221 Aff. Comm. N/A	4/22/2024	Physician Assistant Employer Piedmont Healthcare	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	150.00	
Kyle Last Name Walker Address 1145 St. Andrews Dr. Address2 City Macon State GA Zip 31210 Aff. Comm.	4/1/2024	Account Manager Employer Trane	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	620.00	
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	Date	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	Date	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	Date	Occupation Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
				625.00	
Itemized Contributions Page Total				\$	\$

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Lester M. Miller/Lester Miller for Mayor

Public Officer/Candidate/Other Than Candidate Committee Name

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CFC-2008-10019

Loan Reporting			
Name of Lender & Mailing Address	1. Date of Loan 2. Amount of Loan 3. Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1. Occupation & 2. Place of Employment 3. Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City Macon	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ 0	

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CFDR 1019

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 Southern Majority, LLC Last Name Address 544 Mulberry Street Address2 City Macon State GA Zip 31201	Date 2/2/2024 <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 N/A Employer 	Consulting/ Communications	25,000.00
First Name Rebecca Last Name Grist Address 4954 Quarry Dr. Address2 City Macon State GA Zip 31210	Date 2/6/2024 <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 Bibb County Solicitor General Employer State of Georgia	Campaign Contribution	500.00
First Name Macon-Bibb County Board of Elections Last Name Address 3661 Eisenhower Pkwy Address2 Suite MB 101 City Macon State GA Zip 31206	Date 3/5/2024 <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 N/A Employer N/A	Qualifying Fee	3000.00

28,500.00

Page Total \$

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Lester M. Miller/Lester Miller for Mayor

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CFC-CCDR 10/19

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lester Last Name Miller Address 8751 Eisenhower Pkwy Address2 City Lizella State GA Zip 31052	Date 3/5/2024 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input checked="" 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 Mayor, Macon-Bibb County Employer Macon-Bibb County	Loan Reimbursement	1000.00
First Name Friends of Raymond Wilder Last Name Address 5929 Fulton Mill Road Address2 City Lizella State GA Zip 31052	Date 3/5/2024 <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 N/A Employer N/A	Campaign Contribution	3000.00
First Name Friends of Bill Howell Last Name Address 1145 Alma Drive Address2 City Macon State GA Zip 31216	Date 3/5/2024 <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 N/A Employer N/A	Campaign Contribution	3000.00
First Name A Plus Print Shop Last Name Address 788 Walnut Street Address2 City Macon State GA Zip 31201	Date 4/11/2024 <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 N/A Employer N/A	Campaign Literature	858.60

* 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 \$ 7,858.60

CFC-CCDR 10/19

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Advance Alliance of Georgia Action Fund, LLC Last Name Address 563 Walnut Street Address2 City Macon State GA Zip 31201	Date 3/28/2024 <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 N/A Employer N/A	Contribution	100,000.00
First Name Macon Centerplex Last Name Address 200 Colliseum Dr. South Address2 City Macon State GA Zip 31201	Date 4/11/2024 <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 N/A Employer N/A	Event Tickets	900.00
First Name Advance Alliance of Georgia Action Fund, LLC Last Name Address 563 Walnut Street Address2 City Macon State GA Zip 31201	Date 4/19/2024 <input 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 N/A Employer N/A	Contribution	50,000.00
First Name Last Name Address Address2 City State Zip	Date <input 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		

* 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 \$ 150,900.00

EFF-CDR 10/10

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>				Value at beginning of reporting period \$	
				Value at end of reporting period \$	
				Difference in value \$	
				Interest Paid Out \$	
				Cash Dividends \$	
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
2. Investment Name				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>				Value at beginning of reporting period \$	
				Value at end of reporting period \$	
				Difference in value \$	
				Interest Paid Out \$	
				Cash Dividends \$	
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
<u>Total value of investments at beginning of reporting period \$</u> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>			Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____		

CE-CYR 101

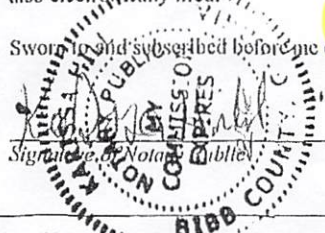
State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

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.

Lester M. Miller/Lester Miller for Mayor

Public Officer/Candidate/Other Than Candidate Committee Name

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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															
1. Report Type (Select One) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>1</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Mayor Macon-Bibb County</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID: _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Lester Miller for Mayor</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>		Use Earlier of Post Mark or Hand-Delivered Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
3. Identifying and Contact Information (1) <u>Lester Monroe Miller</u> (2) <u>10/7/2024</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date</small> (3) <u>8751 Eisenhower Pkwy</u> <u>Lizella</u> <u>GA</u> <small>Mailing Address City State Zip Code</small> (4) <u>478-751-7170</u> and/ or <u>les89@aol.com</u> <small>Primary Contact Phone Number E-Mail</small> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (6) If yes, is the committee registered with the Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (7) If yes, complete the following: <u>Lester Miller</u> <u>Ronnie Gilbert</u> <small>Name of Committee Chairperson Name of Committee Treasurer</small>															
4. Period for which you are Reporting You Must Check Only One Box <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">My Non-Election Year</th> <th style="width: 25%;">My Election Year</th> <th style="width: 25%;">Run-Offs <small>(Report required only if you are in a Run-Off Election)</small></th> <th style="width: 25%;">Special Election</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year) </td> <td> <input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, 2024 (year) <input checked="" type="checkbox"/> June 30, 2024 (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year) </td> <td> <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) </td> <td> <input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year) </td> </tr> <tr> <td> Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year) </td> <td colspan="3"></td> </tr> </tbody> </table> <small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-341</small>				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 type="checkbox"/> April 30, 2024 (year) <input checked="" type="checkbox"/> June 30, 2024 (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)			
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 type="checkbox"/> April 30, 2024 (year) <input checked="" type="checkbox"/> June 30, 2024 (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)															
State of <u>Georgia</u> County of <u>Bibb</u> I, <u>Lester Miller</u> , 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 <u>Oct. 7th, 2024</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  Signature of Notary Public </div> <div style="width: 30%; text-align: center;"> <u>10/24/26</u> Commission Expiration </div> <div style="width: 30%; text-align: right;"> <u>Lester Miller</u> a. Signature of Candidate b. Organization/Chairperson/Treasurer </div> </div>															
Public Officer/Candidate/Other Than Candidate Committee Name <u>Lester Miller for Mayor</u> Page <u>1</u> of <u>14</u>															

CFC-CCDR 10/19

State of Georgia
Campaign Contribution Disclosure Report
Summary Report
CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" 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 offices 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.	13,786.00	1,101,703.71
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		6,250.00
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
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.		270.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		6,520.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	13,786.00	1,108,223.71

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" 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.	13,786.00	885,802.39
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0	116,258.01
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		103.50
11	Total expenditures reported this period. (Line 9 + 10)		116,361.51
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	13,786.00	1,002,163.90

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)	0	106,059.81
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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.

Lester Miller for Mayor

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CFC-CCDR 10/19

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>General</u>		Election Year: <u>2024</u>	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		17,000.00
2	Loans received this reporting period.		
3	Deferred payment of expenses this reporting period		
4	Payments made on loans this reporting period.		
5	Credits received on loans this reporting period		
6	Payments this reporting period on previously deferred expenses.		
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		17,000.00

Election Cycle*: _____		Election Year: _____	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		
2	Loans received this reporting period.		
3	Deferred payment of expenses this reporting period		
4	Payments made on loans this reporting period.		
5	Credits received on loans this reporting period		
6	Payments this reporting period on previously deferred expenses.		
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		

Election Cycle*: _____		Election Year: _____	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		
2	Loans received this reporting period.		
3	Deferred payment of expenses this reporting period		
4	Payments made on loans this reporting period.		
5	Credits received on loans this reporting period		
6	Payments this reporting period on previously deferred expenses.		
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Bruce	Date 5/10/2024	Occupation Middle Ga Regional President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250.00	Est. Value
Last Name Leicht					
Address 479 Yorkshire Drive					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Cadance Bank			Description
City Macon	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31210	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Seth	Date 6/4/2024	Occupation Nonprofit Director	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 1500.00	Est. Value
Last Name Clark					
Address 196 Oak Haven Ave					
Address2	<input checked="" type="checkbox"/> Monetary	Employer ONPPI			Description
City Macon	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31204	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Greg	Date 5/30/2024	Occupation Business Owner	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name Stokes					
Address 4446 Forsyth Road					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Pickleball Sports			Description
City Macon	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31066	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$2,250.00\$pyrol \$

First Name or Business Name Spyro	Date 5/20/2024	Occupation Business Owner	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name Dermatas					
Address 625 Richmond Hill Dr.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Nuway			Description
City Macon	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31210	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Raymond	Date 6/20/2024	Occupation Retired	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2000.00	Est. Value
Last Name Wilder					
Address 5929 Fulton Mill Rd.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
City Lizella	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31052	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Ajit	Date 6/20/2024	Occupation Business Owner	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name Patel					
Address 4699 Eisenhower Pkwy					
Address2	<input type="checkbox"/> Monetary	Employer Requested			Description
City Macon	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31206	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name GOGA4	Date 6/20/2024	Occupation N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name GOGA4					
Address 423 Siuthern Oaks					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City Macon	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31216	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
				\$3500.00	
Itemized Contributions Page Total \$ _____					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Lester Miller for Mayor

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Public Officer/Candidate/Other Than Candidate Committee Name

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First Name or Business Name Sleep Inn		Date 6/20/2024	Occupation N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.0	Est. Value	
Last Name					<div style="background-color: #cccccc; text-align: center;">0</div>		
Address 3126 River Place							
Address2							
City Macon		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer N/A	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	<div style="background-color: #cccccc;"></div>	Description	
State GA							Zip 31210
Aff. Comm.							
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value	
Last Name					<div style="background-color: #cccccc;"></div>		
Address							
Address2							
City		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	<div style="background-color: #cccccc;"></div>	Description	
State							Zip
Aff. Comm.							
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value	
Last Name					<div style="background-color: #cccccc;"></div>		
Address							
Address2							
City		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	<div style="background-color: #cccccc;"></div>	Description	
State							Zip
Aff. Comm.							
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value	
Last Name					<div style="background-color: #cccccc;"></div>		
Address							
Address2							
City		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	<div style="background-color: #cccccc;"></div>	Description	
State							Zip
Aff. Comm.							
<div style="text-align: right;">500.00</div>							
<div style="text-align: right;">Itemized Contributions Page Total \$ _____</div>							

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Lester Miller for Mayor

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Public Officer/Candidate/Other Than Candidate Committee Name

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CPC-CCDR 10/19

Loan Reporting

Name of Lender & Mailing Address	1. Date of Loan 2. Amount of Loan 3. Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1. Occupation & 2. Place of Employment 3. Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City Macon	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ N/A	

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR 10/19

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 Teeger Enetertainment	Date 5/2/2024	Occupation N/A	Social Media Advertising	2000.00
Last Name				
Address 109 Charlotte Ct.	<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			
Address2		Employer		
City Macon				
State GA	Zip 31220			
First Name Southern Majority, LLC	Date 2/6/2024	Occupation	General Consulting re Social Media	25,000.00
Last Name				
Address 544 Mulberry St.	<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			
Address2 Suite 903		Employer		
City Macon				
State GA	Zip 31201			
First Name Advance Alliance of Georgia Action Fund, LLC	Date 5/20/2024	Occupation	Contribution	50,000.00
Last Name				
Address 563 Walnut Street	<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			
Address2		Employer		
City Macon				
State GA	Zip 31201			

77,000.00

Page Total \$

* 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

CFC-CCDR 10/19

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Kayla Last Name Price Address 807 Forsyth Street Address2 City Macon State GA Zip 31201	Date 5/23/2024 <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 Casual Labor/ Campaign Event Employer N/A	Assistance for Campaign Event	200.00
First Name Advance Alliance or Georgia Action Fund, LLC Last Name Address 563 Walnut Street Address2 City Macon State GA Zip 31201	Date 5/28/2024 <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 N/A Employer N/A	Contribution	10,000.00
First Name Andre Last Name Jones Address 8203 Estes. Rd Address2 City Macon State GA Zip 31220	Date 5/31/2024 <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 Entertainer Employer AJ. the DJ	Music for Campaign Event	1500.00
First Name Georgia Sports Hall of Fame Last Name Address P.O. Box 26266 Address2 City Macon State GA Zip 31221	Date 5/31/2024 <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 N/A Employer N/A	Event Rental	200.00

* 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 \$ **\$11,900**

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 Melvin Last Name Flowers Address 1400 Gray Hwy Address2 Apt. 903 City Macon State GA Zip 31211	Date 6/4/2024 <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 Retired Employer Retired	Campaign Contribution	1800.00
First Name Tangie for Georgiga, LLC Last Name Address 871 Lee Road, Ste B Address2 City Macon State GA Zip 31204	Date 6/4/2024 <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 Teacher Employer Self	Campaign Contribution	1800.00
First Name Southern Majority, LLC Last Name 544 Mulberry Street Address Suite 903 Address2 City Macon State GA Zip 31201	Date 6/5/2024 <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 N/A Employer N/A	General Consulting	10,000.00

\$13,000.00

Page Total \$

* 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

Lester Miller for Mayor

Public Officer/Candidate/Other Than Candidate Committee Name

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CFC-CCDR 10/19

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Searching for Jesus Ministries Last Name Address Requested Address2 City State Zip	Date 6/6/2024 <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 N/A Employer N/A	Contribution	250.00
First Name Unity-N-Community Last Name Address 150 Sessions Dr. Address2 City Macon State Zip GA 31201	Date 6/7/2024 <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 N/A Employer N/A	Contribution	1000.00
First Name NuWay Weiners Last Name Address 204 Spring Street Address2 City Macon State Zip GA 31201	Date 6/17/2024 <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 N/A Employer N/A	Campaign Event Food	1508.01
First Name James Wimberly Institute Last Name Address 737 Pansy Ave Address2 City Macon State Zip GA 31204	Date 6/17/2024 <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 N/A Employer N/A	Contribution	1000.00

* 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 \$ **3,758.01**

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Advance Alliance of Georgia Action Fund, LLC		Date 6/20/2024	Occupation N/A	Contribution	10,000.00
Last Name		<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	Employer N/A		
Address 563 Walnut Street					
Address2					
City Macon					
State GA	Zip 31201				
First Name		Date	Occupation		
Last Name		<input 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	Employer		
Address					
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name		<input 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	Employer		
Address					
Address2					
City					
State	Zip				
First Name		Date	Occupation		
Last Name		<input 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	Employer		
Address					
Address2					
City					
State	Zip				

* 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 \$ 10,000.00

CFC-CCDR 10/19

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____				Value at beginning of reporting period \$	
				Value at end of reporting period \$	
				Difference in value \$	
				Interest Paid Out \$	
				Cash Dividends \$	
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
2. Investment Name				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____				Value at beginning of reporting period \$	
				Value at end of reporting period \$	
				Difference in value \$	
				Interest Paid Out \$	
				Cash Dividends \$	
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
<u>Total value of investments at beginning of reporting period \$</u>			Page Total Cash Dividends: \$ _____		
<u>Total value of investments at end of reporting period \$</u>			Page Total Interest Paid Out: \$ _____		
<u>Total difference in value \$</u>			Page Total Profit: \$ _____		
			Page Total Loss: \$ _____		

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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.

Lester Miller for Mayor

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Public Officer/Candidate/Other Than Candidate Committee Name

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