GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1 Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085102 3 COMMITTEE NAME OFFICE USE ONLY Black American Futures Date Received **ELECTRONICALLY FILED** 01/17/2022 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5271 Harbor Cove Ln Change of Address Powder Springs, GA 30127 Date Imaged MS/MRS/MR **FIRST** MI CAMPAIGN **TREASURER** Ryan L. NAME NICKNAME LAST **SUFFIX** Mitchell ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); STATE: CAMPAIGN APT / SUITE #; CITY; **TREASURER** 5271 Harbor Cove Ln STREET **ADDRESS** (Residence or Business) Powder Springs, GA 30127 APT / SUITE #; CITY; STATE; ZIP CODE STREET OR PO BOX: CAMPAIGN **TREASURER** 5271 Harbor Cove Ln. MAILING **ADDRESS** Powder Springs, GA 30127 Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (770) 598-7112 **PHONE** 9 REPORT January 15 Dissolution (Attach PAC-DR) 30th day before election **TYPE** 10th day after campaign treasurer 8th day before election termination July 15 Runoff 10 PERIOD Month Day Year Month Day Year COVERED 07/01/2021 THROUGH 12/31/2021 **ELECTION DATE ELECTION TYPE** 11 ELECTION Other Month Day Primary Runoff General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer			13 Filer	ID (Ethics Commission Filers)
Black American Futures	3		0008	5102
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	•	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B, Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$ 0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,240.00
EXPENDITURE TOTALS				\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$ 61.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY	\$ 6,047.21
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD		\$ 0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all infor under Title 15, Election Code.	erjury, that rmation re	t the accompanying report is quired to be reported by me
		Ryan I	Mitchel	II
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said _	, t	this the	day
		which, witness my hand and seal of office.		
8				
Signature of officer add	ministering oath	Printed name of officer administering oath	Title o	of officer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 9
-	MMITTE ck Ame	(Ethics Commission Filers)		
	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,240.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4-		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 61.16
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/5 Rpt: 4/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00085102 Black American Futures 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: \$100.00 07/21/2021 Appel, Marie 6 Contributor address; City; State; Zip Code 2500 Bennett Ave Dallas, TX 75206 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Campaigns Director Dallas Kids First Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 07/02/2021 \$50.00 Knox, Malik (Mr.) Contributor address; City; State; Zip Code 20 Peter Ave San Francisco, CA 94110 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Qcare Plus** Patient Care Lead Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/02/2021 \$50.00 Knox, Malik (Mr.) Contributor address; City; State; Zip Code 20 Peter Ave San Francisco, CA 94110 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Qcare Plus** Patient Care Lead Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$20.00 07/20/2021 McEachron, Calvin (Mr.) Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075 Employer (See Instructions) Principal occupation / Job title (See Instructions) Andela Software Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 08/20/2021 McEachron, Calvin (Mr.) \$20.00 Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075 Principal occupation / Job title (See Instructions) Employer (See Instructions) Andela Software

<u> 2251</u>16

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/5 Rpt: 5/9 3 Filer ID (Ethics Commission Filers) FILER NAME 00085102 Black American Futures 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$20.00 09/20/2021 McEachron, Calvin (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Software Andela out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) \$20.00 10/20/2021 McEachron, Calvin (Mr.) Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075 Employer (See Instructions) Principal occupation / Job title (See Instructions) Andela Software Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$20.00 11/20/2021 McEachron, Calvin (Mr.) Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075 Employer (See Instructions) Principal occupation / Job title (See Instructions) Andela Software Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$20.00 12/20/2021 McEachron, Calvin (Mr.) Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075 Principal occupation / Job title (See Instructions) Employer (See Instructions) Andela Software Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 07/05/2021 \$100.00 Taylor, Shirlee (Mrs.) Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Employed **Psychologist**

MONE	TARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
The Instru	he Instruction Guide explains how to complete this form.		1	otal pages Schedule A1: Sch: 3/5 Rpt: 6/9	
2 FILER NAME Black Amer	E rican Futures		1	iler ID (Ethics Commissio 0085102	n Filers)
4 Date 08/05/2021	5 Full name of contributor out-of-state PAC (ID#:_ Taylor, Shirlee (Mrs.) 6 Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		7 A	mount of Contribution (\$)	\$100.00
8 Principal occ Psychologis	upation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	S)		
Date 09/05/2021	Full name of contributor			mount of Contribution (\$)	\$100.00
Principal occ Psychologis	rupation / Job title (See Instructions) St	Employer (See Instructions Self Employed	s)		
Date 10/05/2021	Full name of contributor		. A	mount of Contribution (\$)	\$100.00
Principal occ Psychologis	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
Date 11/05/2021	Full name of contributor out-of-state PAC (ID#:_ Taylor, Shirlee (Mrs.) Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010)	. A	mount of Contribution (\$)	\$100.00
Principal occ Psychologis	upation / Job title (See Instructions) st	Employer (See Instructions Self Employed	5)		
Date 12/05/2021	Full name of contributor out-of-state PAC (ID#:_ Taylor, Shirlee (Mrs.) Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		A	mount of Contribution (\$)	\$100.00
Principal occ Psychologis	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

L						
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1:	
L					Sch: 4/5 Rpt: 7/9	
2		FILER NAME			Filer ID (Ethics Commission	Filers)
L		ican Futures			00085102	
4		5 Full name of contributor out-of-state PAC (ID#:)	7	(1)	
l	07/05/2021					\$20.00
l		6 Contributor address; City; State; Zip Code				
l		1500 Pecos Street Apt 4				
l		Dallas, GA 30127				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Consultant		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
l	08/05/2021	Tony, Bryan (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
l		1500 Pecos Street Apt 4				
l						
L		Dallas, GA 30127		_		
l		pation / Job title (See Instructions)	Employer (See Instructions)		
L	Consultant	_	Self Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	440.00
	09/05/2021	Tony, Bryan (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		1500 Pecos Street Apt 4				
ı		Dallas, GA 30127				
H	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Consultant		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
l	10/05/2021	Tony, Bryan (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		1500 Pecos Street Apt 4				
		Della - 04 00407				
_	District	Dallas, GA 30127				
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
_		Full reverse of contributes.	. I	_	A	
	Date 11/05/2021	Full name of contributor out-of-state PAC (ID#: Tony, Bryan (Mr.))		Amount of Contribution (\$)	\$10.00
	11/03/2021	Contributor address; City; State; Zip Code				Φ10.00
		1500 Pecos Street Apt 4				
		1000 0000 011001 pt				
		Dallas, GA 30127				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Consultant		Self Employed			

\$250.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/9 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Black American Futures 00085102 5 Full name of contributor 7 Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 12/05/2021 Tony, Bryan (Mr.) \$10.00 6 Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Consultant Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)

16 Ellery Square Cambridge, MA 02138 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO PatientPal, Inc

07/02/2021

Vartikar, Adam (Mr.)

Contributor address; City; State; Zip Code

POLITICAL EXPENDITURES FROM POLITICAL

CONTRIBUTION	NS	SCHEDULE FI				
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 9/9	Black American Futures	00085102				
4 Date 12/31/2021	5 Payee name Donor Box					
6 Amount (\$) \$42.56 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5 3rd Suite 900 San Francisco, CA 94103					
8 PURPOSE OF EXPENDITURE	1 003	side of Texas. Complete Schedule T. X, officeholder living expense CESSING Fee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
12/31/2021	Donor Box					
Amount (\$)	Payee address; City; State; Zip Code					
\$18.60	5 3rd					
Expenditure from	Suite 900					
corporate funds	San Francisco, CA 94103					
PURPOSE OF EXPENDITURE	' 666	side of Texas. Complete Schedule T. K, officeholder living expense Saction fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held				