

ORIGINAL
EVIDENCE

1 of 1 elp

State of Georgia

Two Business Days Report of Contributions Received

MUST BE SENT VIA FACSIMILE (404-463-1988) OR ELECTRONIC TRANSMISSION.
ANY FACSIMILE FILING SHALL ALSO HAVE AN IDENTICAL ELECTRONIC FILING WITHIN FIVE BUSINESS DAYS FOLLOWING THE TRANSMISSION OF SUCH FACSIMILE FILING.

To be used to report contributions (including loans) of \$1,000 or more,
IF RECEIVED BETWEEN LAST REPORT DUE BEFORE AN ELECTION AND THE ELECTION.
Must be reported within two business days of receipt!

Use Earlier of Post
Mark or Hand
Delivered Date

Identifying Informant: ANGELA M. HALE

Candidate or Committee Name: MARSHALL ORSON FOR DEKALB SCHOOLS Office Sought: DEKALB CO. BOARD OF EDUCATION E-Mail: mdorson@mail.com

Filer ID (begins with the letter "C"): 0 C2012000725 SCHOOL BOARD DISTRICT #2

Mailing Address (number and street): 970 SPRINGDALE ROAD City: ATLANTA State: GA Zip: 30306

Full Name of Contributor Mailing Address (PAC Affiliation if applies)	Contributor		Election	Amount
	Received Date Contribution Type*	Occupation & Employer		
<u>PHILIP KENT 145 15TH ST, # 1219 ATLANTA, GA 30309</u>	<u>5/12/14 MONETARY</u>	<u>RETIRED, CHAIR & CEO TURNER BROADCASTING</u>	<u>MAY 20 PRIMARY</u>	<u>\$1,000</u>

RECEIVED
DEKALB COUNTY
VOTER REGISTRARS
AND ELECTIONS
2014 MAY 14 AM 8:11

* Monetary, In-Kind or Loan

I certify and affirm that I have examined this report, and say that the information in this report 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. I further affirm that I understand that the above contribution(s) must also be reported on the next succeeding regularly scheduled campaign contribution disclosure report.

Name of Candidate Chairman Treasurer

Angela M. Hale
Signature

5/14/14
Date