

**Friends of Garrison R. Coward**  
**(CC-19-00045)**

Reporting Period: 10/08/2019 Through: 10/08/2019

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Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location	Date Received	Contribution This Period	Aggregate To Date
MagMutual Insurance Company Post Office Box 52979 Atlanta, GA 30355-0979	1. 2. Insurance 3. Atlanta, Georgia	10/08/2019	\$2,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.