


CFC-CCDR

02/20
b1:Z4dZ2300

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 checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought: <u>Mayor Columbus GA</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID: <u>n/a</u> <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand-Delivered Date  <div style="border: 1px solid black; padding: 2px; display: inline-block;">12/22/25</div>
	Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Committee to Elect Byron Hickey</u> Filer ID: <u>n/a</u> <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

- (1) Byron Hickey (2) 12-17-2025
Full Name of Candidate or Other Than Candidate Campaign Committee Name *Today's Date*
- (3) 532 Honolulu Drive, Columbus, GA 31906
Mailing Address *City* *State* *Zip Code*
- (4) 706-570-8516 and/ or byronhickey@gmail.com
Primary Contact Phone Number *E-Mail*
- (5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? ☒ Yes ☐ No
- (6) If yes, is the committee registered with the Commission? ☐ Yes ☒ No
- (7) If yes, complete the following: Byron Hickey Toomae Bozsa
Name of Committee Chairperson *Name of Committee Treasurer*

4. Period for which you are Reporting

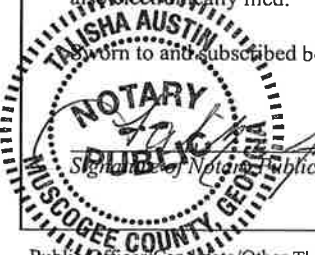
You Must Check Only One Box

My Non-Election Year	My Election Year	Run-Offs (Report required only if you are in a Run-Off Election)	Special Election
<input type="checkbox"/> June 30, _____ (year) <input checked="" type="checkbox"/> December 31, <u>2025</u> (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year) <small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i</small>			

State of Georgia County of Muscogee

I, Byron N. Hickey, 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 Dec. 22, 2025

 Sept 20, 2029
 Signature of Notary Public Commission Expiration

Byron N. Hickey
 a. Signature of Candidate
 b. Organization/Chairperson/Treasurer

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page _____ of _____

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State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input 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 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.	0	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		\$10,200
3a	All loans received this reporting period.	0	0
3b	Interest earned on campaign account this reporting period.	0	0
3c	Total amount of investments sold this reporting period.	0	0
3d	Total amount of cash dividends and interest paid out this reporting period.	0	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.		\$1,175
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		\$11,375
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		\$11,375

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.	0	0
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		\$6116.40
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		\$68.40
11	Total expenditures reported this period. (Line 9 + 10)		\$6,184.80
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		\$6,184.80

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.	0	0
14	Total value of investments held at the end of this reporting period.	0	0

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		5190.20
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* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

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State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>n/a</u> Election Year: <u>2025</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	0
4	Payments made on loans this reporting period.	0
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)	0

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

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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 Terri Last Name Myers Address 7219 Westport Ct Address2 City Midland State GA Zip 31820 Aff. Comm.	Date 10-5-2025 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation ret. Employer n/a	<input checked="" 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	Cash Amt. 400	Est. Value Description
First Name or Business Name Chris Last Name Wightman Address 2520 Wynnton Rd Address2 City Columbus State GA Zip 31906 Aff. Comm.	Date 10-3-2025 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Realtor Employer Flournoy & Calhoun, Realtors	<input checked="" 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	Cash Amt. 500	Est. Value Description
First Name or Business Name Gwyn Last Name Newsom Address 7816 Kolben Cove Address2 City Columbus State GA Zip 31909 Aff. Comm.	Date 10-10-2025 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer Law Firm	<input checked="" 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	Cash Amt. 1,000	Est. Value Description

Itemized Contributions Page Total \$ 1,900 \$

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First Name or Business Name John	Date 10-30-2025	Occupation Bus Owner	<input checked="" 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	Cash Amt. 300	Est. Value
Last Name Anker					
Address 1323 11th Ave					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self Emp			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31901	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name William	Date 10-01-2025	Occupation Ret	<input checked="" 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	Cash Amt. 1000.	Est. Value
Last Name Arey					
Address 6956 Weathersfield Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/a			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31904	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Patricia	Date 10-5-2025	Occupation Ret.	<input checked="" 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	Cash Amt. 150	Est. Value
Last Name Weekley					
Address 6988 Dovefield Way					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/a			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31904	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Burt	Date 10-8-2025	Occupation Butcher	<input checked="" 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	Cash Amt. 500	Est. Value
Last Name Stacey, JR					
Address 2932 Warm Springs Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Burt's Butcher Shop			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31909	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total \$ 1950					

* 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

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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 Tim	Date 12-23-2025	Occupation Police Officer	<input checked="" 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	Cash Amt. 500.00	Est. Value
Last Name Wynn					
Address 7829 Cleo Drive					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Columbus Police Dept.			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31909	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Dr. Bantwal	Date 10-30-2025	Occupation Medical Dr.	<input checked="" 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	Cash Amt. 500.00	Est. Value
Last Name Baliga					
Address 7831 Eagles Landing Ct					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Medical Practice			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31909	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Donna	Date 11-01-2025	Occupation Ret.	<input checked="" 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	Cash Amt. 350.00	Est. Value
Last Name Tompkins					
Address 6007 Blackmon Ct.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Ret.			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31909	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 1,350.00

\$

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First Name or Business Name Claude		Date 11-11-2025	Occupation Realtor	<input checked="" 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	Cash Amt. \$3,000	Est. Value
Last Name Scarborough, III						
Address						
Address2 6053 Round Hill Ct.		<input checked="" type="checkbox"/> Monetary	Employer Scarborough Properties			Description
City		<input type="checkbox"/> In-Kind				
State Columbus		<input type="checkbox"/> Common Source				
Zip 31904		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name Gary		Date 11-12-2025	Occupation Business Owner	<input checked="" 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	Cash Amt. 1,000	Est. Value
Last Name Johnson						
Address 6763 Beaver Trail						
Address2		<input checked="" type="checkbox"/> Monetary	Employer ACE Hardware			Description
City Midland		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31820		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name Steve		Date 12-05-2025	Occupation Business Owner	<input checked="" 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	Cash Amt. 1,000	Est. Value
Last Name Fuller						
Address 5427 Armour Rd, Suite A						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Fuller Fire & Safet			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31909		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<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	Cash Amt.	Est. Value
Last Name						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						

Itemized Contributions Page Total \$ **5,000**

\$

* 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

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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.) N/a	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary	Address2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	City	<input type="checkbox"/> Other Than Candidate Committee Name
State		State	
Zip		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	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary	Address2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	City Columbus	<input type="checkbox"/> Other Than Candidate Committee Name
State		State	
Zip		Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan 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

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 USPS	Date 9-2-2025	Occupation	PO Box	207.60
Last Name				
Address 3465 Macon Rd , Suite E	<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 Columbus				
State GA		Zip 31907		
First Name D&S Sign Co	Date 10-10-2025	Occupation	Signs	3815.
Last Name				
Address	<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 710 Linwood Blvd		Employer		
City Columbus				
State GA		Zip 31901		
First Name D&S Sign Co	Date 11-13-2025	Occupation		399.05
Last Name				
Address 710 Linwood Blvd	<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 Columbus				
State GA		Zip 31901		

Page Total \$ **4421.65**

* 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 D& S Sign Co		Date 10-10-2025	Occupation	Banners	812.05
Last Name					
Address 710 Linwood Blvd		<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		
Address2					
City Columbus					
State GA	Zip 31901				
First Name Columbus Creative Printing		Date 10-31-2025	Occupation	Shirts	218.
Last Name					
Address 1112 MLK, Blvd		<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		
Address2					
City Columbus					
State GA	Zip 31906				
First Name D&S Sign Co.		Date 12-15-2025	Occupation	signs	555.90
Last Name					
Address 710 Linwood Blvd		<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		
Address2					
City Colubus					
State GA	Zip 31901				
First Name Columbus Creative Printing		Date 11-13-2025	Occupation	Shirts	109
Last Name					
Address 1112 MLK, Blvd		<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		
Address2					
City Columbus					
State GA	Zip 31906				

* 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 \$ 1694.95

CFC-CCDR 10/19

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name				Account #	
Institution/Person Holding Account <u>N/a</u> 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> <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: \$ _____		

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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.