

Campaign Contribution Disclosure Report

State Ethics Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1988 | www.ethics.ga.gov

1. Report Type (Select One)	2. Filing is being made on behalf of (Select One):	Use Earlier of Post Mark or Hand-Delivered Date <i>More</i> 02/09/2028
<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	Candidate or Public Official Office Held or Sought <u>MUSCOGEE COUNTY CITY COUNCIL DISTRICT 9 AT LARGE</u> <small>(Include county, municipality, district, post or judicial seat)</small>	
	Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>COMMITTEE TO ELECT CATHY COOK</u>	

3. Identifying and Contact Information

(1) CAMPAIN TO ELECT CATHY COOK (2) 02/07/26

Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) PO BOX 7492 COLUMBUS GA 31908
Mailing Address City State Zip Code(4) 706-905-1938 and/ or info@drcookforcouncil.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**SCOTT WACTER**(7) If yes, complete the following: _____
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

Supplemental Reporting	Filing Schedule	Run-Offs (Report required only if you are in a Run-Off Election)	Special Election
<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (year)	<input checked="" type="checkbox"/> January 31, <u>2026</u> (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (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 General Run-off, _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special General _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)

*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

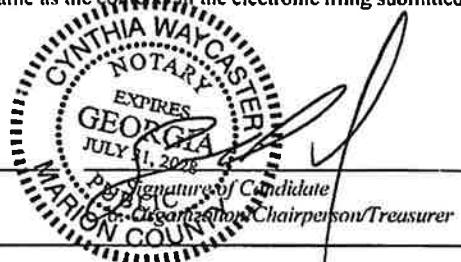
State of GeorgiaCounty of Marion

I, Cynthia Waycaster, 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 Feb 9 2028

Cynthia Waycaster
Signature of Notary Public

1-31-28
Commission Expiration



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	18,799
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		10,329
3a	All loans received this reporting period.		
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
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.		
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		10,329
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		29,128
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.		17,473.25
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		1,162.82
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		
11	Total expenditures reported this period. (Line 9 + 10)		1,162.82
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		18,636.07
INVESTMENTS			
13	Total value of investments held at the beginning of this reporting period.		0
14	Total value of investments held at the end of this reporting period.		0
TOTAL NET BALANCE ON HAND			
15	Net balance on hand. (Line 6 - 12 + 14)		10,491.93

* 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.

COMMITTEE TO ELECT CATHY COOK

Public Officer/Candidate/Other Than Candidate Committee Name

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State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*:		Election Year:	<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.			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.			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 (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	Occupation & Employer			Estimated Value Description
First Name or Business Name Corlitha	Date 1/9/2026	Occupation		Cash Amt.	Est. Value
Last Name Hardaway			<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	25.00	
Address 1323 Luna Court	Address2	Employer	<input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
State GA	Zip 31907				
Aff. Comm.					
First Name or Business Name Horace	Date 1/12/2026	Occupation <i>Horace</i> <i>Professional</i>		Cash Amt.	Est. Value
Last Name Senior Jr			<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	50.00	
Address 1955 Schatulga Rd	Address2	Employer	<input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
State Ga	Zip 31907				
Aff. Comm.					
First Name or Business Name Carlos	Date 1/16/2026	Occupation <i>Clergyman</i>		Cash Amt.	Est. Value
Last Name Coleman			<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	100.00	
Address 9933 Veterans Pkwy	Address2	Employer			Description
City Midland	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
State Ga	Zip 31820				
Aff. Comm.					

Itemized Contributions Page Total \$ 175.00

First Name or Business Name William	Date 1/17/2026	Occupation <i>Ref. ref</i>	<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. 100.00	Est. Value
Last Name Mayweather					
Address 6 Mountain Ridge Ct		Employer			
Address2	<input checked="" type="checkbox"/> Monetary				Description
City Columbus	<input type="checkbox"/> In-Kind				
State Ga	Zip 31904	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Gladys	Date 1/19/2026	Occupation <i>Executive</i>	<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. 199.00	Est. Value
Last Name Williams-Tillmon					
Address 3351 Windermere St		Employer			
Address2	<input checked="" type="checkbox"/> Monetary				Description
City Columbus	<input type="checkbox"/> In-Kind				
State Ga	Zip 31909	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Cameron	Date 1/19/2026	Occupation <i>Military</i>	<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. 200.00	Est. Value
Last Name Fontaine					
Address 50 Columbia St		Employer			
Address2 Ap 31	<input checked="" type="checkbox"/> Monetary				Description
City Newark	<input type="checkbox"/> In-Kind				
State NJ	Zip 07102	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Raymond	Date 1/20/2026	Occupation <i>Attorney</i>	<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 Lakes					
Address 5 Dogwood Ct		Employer			
Address2	<input checked="" type="checkbox"/> Monetary				Description
City Columbus	<input type="checkbox"/> In-Kind				
State Ga	Zip 31907	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
Itemized Contributions Page Total \$ 999.00 \$					

* 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

Committee to Elect Cathy Cook

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	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name Florance	Date 1/22/2026	Occupation <i>Retired</i>	<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	Cash Amt. 300.00	Est. Value
Last Name Miller		Employer	<input type="checkbox"/> Run-Off Special Primary		
Address 816 Wedron Dr					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City Columbus					
State GA	Zip 31907				
Aff. Comm.					
First Name or Business Name Karon	Date 1/22/2026	Occupation <i>Retired</i>	<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	Cash Amt. 100.00	Est. Value
Last Name Henderson		Employer	<input type="checkbox"/> Run-Off Special Primary		
Address 9523 Comanche Rd					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City Columbus					
State Ga	Zip 31904				
Aff. Comm.					
First Name or Business Name Marion	Date 1/22/2026	Occupation <i>Sales</i>	<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. 100.00	Est. Value
Last Name Parks		Employer			
Address 3807 Graham Way					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description
City Columbus					
State Ga	Zip 31907				
Aff. Comm.					
Itemized Contributions Page Total \$500.00 \$					

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Denise	1/22/2026	<i>Refund</i>	50.00	
Last Name				
Perryman				
Address				
9134 Garrett Lake Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Midland	<input type="checkbox"/> Common Source			
State				
Ga	Zip 31820	<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Woodrow	1/22/2026	<i>House Refund</i>	500.00	
Last Name				
McWilliams III				
Address				
8045 Splendor Way				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Columbus	<input type="checkbox"/> Common Source			
State				
Ga	Zip 31904	<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Curtis C	1/22/2026	<i>Refund</i>	200.00	
Last Name				
Crocker				
Address				
8230 Midland Trail				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Columbus	<input type="checkbox"/> Common Source			
State				
Ga	Zip 31909	<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Rebecca	1/24/2026		100.00	
Last Name				
Devore				
Address				
262 Little Bear Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Catalua	<input type="checkbox"/> Common Source			
State				
Ga	Zip 31804	<input type="checkbox"/> Credit Received on Loan		
Aff. Comm.				
Itemized Contributions Page Total				850.00

* 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)

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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	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name India Last Name Holman Address 3645 Gentian Blvd Address2 Ste 2 City Columbus State GA Zip 31907 Aff. Comm.	Date 1/24/2026 <i>Healthcare Professional</i>	Occupation <i>Healthcare Professional</i>	<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	250.00	Est. Value Description
First Name or Business Name Otis E Last Name Jr Address 1450 Millington Rd Address2 City Columbus State Ga Zip 31904 Aff. Comm.	Date 1/26/2026	Occupation <i>Healthcare Professional</i>	<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	2000.	Est. Value Description
First Name or Business Name Marcus Last Name Seldon Address 3207 Archer Way Address2 City Columbus State Ga Zip 31907 Aff. Comm.	Date 1/25/2026	Occupation <i>Poster</i>	<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	100.00	Est. Value Description

Itemized Contributions Page Total \$2,350.00

\$

First Name or Business Name Oliver	Date 1/25/2026	Occupation Retired	Cash Amt. 400.00	Est. Value
Last Name Davis				
Address 245 Pinehaven Street				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Seale	<input type="checkbox"/> In-Kind			
State Al	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Dr. Thomas N	Date 1/25/2026	Occupation	Cash Amt. 1000.	Est. Value
Last Name Malone				
Address 1090 Standing Boy Ct				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Columbus	<input type="checkbox"/> In-Kind			
State Ga	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Dr. Donald A	Date 1/25/2026	Occupation Pharmacist	Cash Amt. 100.00	Est. Value
Last Name Degree				
Address 13710 Heritage Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Upatoi	<input type="checkbox"/> In-Kind			
State Ga	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Dr. Simuel L	Date 1/25/2026	Occupation Healthcare Professional	Cash Amt. 400.00	Est. Value
Last Name Jamison				
Address 159 N. Quail Lane				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City Pine Mountain	<input type="checkbox"/> In-Kind			
State Ga	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
Itemized Contributions Page Total \$ 1900.00 \$				

* 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

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	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Pamela Last Name Williams Address 738 Rudgate Rd Address2 City Columbus State GA Zip 31904 Aff. Comm.	Date 1/25/2026	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	1200.	Est. Value
		Employer	<input type="checkbox"/> Run-Off Special Primary		Description
First Name or Business Name Gloria Last Name Winston Smart Address 6766 Moon Circle Address2 City Columbus State Ga Zip 31909 Aff. Comm.	Date 1/25/2026	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	50	Est. Value
		Employer	<input type="checkbox"/> Run-Off Special Primary		Description
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	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		Est. Value
		Employer			Description

Itemized Contributions Page Total \$ 1250.00

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.

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Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name Willie Last Name Hogan Address 3196 Lamb Rd Address2 City Smith Station State Al Zip 36877 Aff. Comm.	Date 1/26/2026 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan 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. 10.00	Est. Value	
First Name or Business Name Walter Last Name Shannon Address 5759 Lexington Drive Address2 City Columbus State Ga Zip 31907 Aff. Comm.	Date 1/26/2026 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan 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. 50.00	Est. Value	
First Name or Business Name Mark & Crystal Last Name Lawrence Address 15 Richardson Court Address2 City Fortson State Ga Zip 31808-6048 Aff. Comm.	Date 1/26/2026 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan 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. 100.00	Est. Value	
					Description

Itemized Contributions Page Total \$ 160.00 \$ 00

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

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Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name Monica Last Name McIntyre Heron Address 12 Roundtree Rd	Date 1/26/26	Occupation dentist	<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	Cash Amt. 300.00	Est. Value
Address2 City Riverdale State GA	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Run-Off Special Primary		Description
First Name or Business Name Donald Last Name Grider Address 6231 Crystal Dr	Date 1/26/26	Occupation dentist	<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	Cash Amt. 100.00	Est. Value
Address2 City Columbus State Ga	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Run-Off Special Primary		Description
First Name or Business Name Robert L Last Name Wright Jr Address 7555 Rivercrest Dr	Date 1/26/26	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. 1000	Est. Value
Address2 City Columbus State Ga	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			Description

Itemized Contributions Page Total \$ 1400.00

\$

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Ronnie	1/28/26	Retired		
Last Name				
Akers				
Address				
3313 N. Quay Drive				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Columbus				
State	<input type="checkbox"/> Common Source			
GA	Zip 31909			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Marcus	1/29/26			
Last Name				
Mackey				
Address				
74 Hudson Trail				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Cataula				
State	<input type="checkbox"/> Common Source			
GA	Zip 31804			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Lycia	1/29/26			
Last Name				
Zingarelli				
Address				
1525 3rd Ave				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
Apt 2311				
City	<input type="checkbox"/> In-Kind			
Columbus				
State	<input type="checkbox"/> Common Source			
GA	Zip 31901			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Marcus	1/29/26			
Last Name				
Gibson				
Address				
P.O. Box 802343				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		Description
City	<input type="checkbox"/> In-Kind			
Columbus				
State	<input type="checkbox"/> Common Source			
GA	Zip 31908			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
370.00				
Itemized Contributions Page Total \$ 370.00 \$				

* 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

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	Occupation & Employer			Estimated Value
	Contribution Type*				Description
	Date	Occupation			Cash Amt.
First Name or Business Name Eric	Received Date 1/30/26	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	50.00	Est. Value
Last Name Blanks					Description
Address 2306 Saint Andrews Way	Address2	Employer	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Cash Amt.	Est. Value
Address2	City Phenix City	Employer			Description
City Upatoi	State Ga	Employer			Description
Upatoi	Zip 36867	Employer			Description
Aff. Comm.					
First Name or Business Name Cheryl	Date 1/31/26	Occupation <i>Elect. Comm.</i>	<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	25.00	Est. Value
Last Name Swanier					Description
Address 7435 McKee Rd	Address2	Employer	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Cash Amt.	Est. Value
Address2	City Ga	Employer			Description
City Columbus	State Ga	Employer			Description
Columbus	Zip 31829	Employer			Description
Aff. Comm.					
First Name or Business Name Paul	Date 1/31/26	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	250.00	Est. Value
Last Name Temesgen					Description
Address 6807 Riverbrook trce	Address2	Employer	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Cash Amt.	Est. Value
Address2	City Columbus	Employer			Description
City Columbus	State Ga	Employer			Description
Columbus	Zip 31904	Employer			Description
Aff. Comm.					

Itemized Contributions Page Total \$325.00

\$

First Name or Business Name Joseph	Date 1/31/26	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. 50.00	Est. Value
Last Name Gardner					Description
Address 212 Liberty Hill Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Cussela	<input type="checkbox"/> In-Kind				
State GA	Zip 31805	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
50.00 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

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	
State	Zip	State	Zip
Reference: OCGA § 21-5-34(b)(1)			Loan Page Total \$ <u>0.00</u>

* 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

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 WYNNTON EXPRESS	Date 01/09/26	Occupation	CAMPAIGN MATERIALS	97.99
Last Name		Employer		
Address 1520 13TH AVE	<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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City COLUMBUS				
State GA	Zip 31901			
First Name WYNNTON EXPRESS	Date 01/13/26	Occupation	CAMPAIGN MATERIALS	824.82
Last Name		Employer		
Address 1520 13TH AVE	<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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City COLUMBUS				
State GA	Zip 31901			
First Name ANEDOT FEES	Date 01/31/26	Occupation	DONATION PROCESSING FEES	244.56
Last Name		Employer		
Address 1340 Poydras St #1770	<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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City NEW ORLEANS				
State LA	Zip 70112			

1,167.32

Page Total \$ 1,167.32

* 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

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 TRUIST	Date 01/31/26	Occupation	BANK SERVICE CHARGE	.50
Last Name		Employer		
Address 1645 BRADLEY PARK DR	<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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City COLUMBUS				
State GA	Zip 31904			
First Name	Date	Occupation		
Last Name				
Address	<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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City				
State	Zip			
First Name	Date	Occupation		
Last Name				
Address	<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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City				
State	Zip			

Page Total \$.50

* 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

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name		Account #		
Institution/Person Holding Account		Value at beginning of reporting period \$		
Mailing Address		Value at end of reporting period \$		
Address2		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>
2. Investment Name		Account #		
Institution/Person Holding Account		Value at beginning of reporting period \$		
Mailing Address		Value at end of reporting period \$		
Address2		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>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: \$ _____		

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.