

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) <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>City Councilor for District 5</u> <small>(Include county, municipality, district, post or judicial seat)</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	Use Earlier of Post Mark or Hand-Delivered Date <div style="font-size: 1.5em; text-align: center;">Shore</div> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">2/3/26</div>	
3. Identifying and Contact Information (1) <u>Charmaine Crabb</u> (2) <u>02/02/2026</u> <i>Full Name of Candidate or Other Than Candidate Campaign Committee Name</i> <i>Today's Date</i> (3) <u>3237 Maricopa Dr.</u> <u>Columbus</u> <u>GA</u> <u>31907</u> <i>Mailing Address</i> <i>City</i> <i>State</i> <i>Zip Code</i> (4) <u>706-392-6116</u> and/ or <u>ckcrabb@gmail.com</u> <i>Primary Contact Phone Number</i> <i>E-Mail</i> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (6) If yes, is the committee registered with the Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; margin-right: 100px;">James Q. Shytle</div> (7) If yes, complete the following: _____ <div style="display: flex; justify-content: space-between;"><i>Name of Committee Chairperson</i> <i>Name of Committee Treasurer</i></div>			
4. Period for which you are Reporting You Must Check Only One Box			
Supplemental Reporting <input type="checkbox"/> January 31, _____ (2026) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (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>	Filing Schedule <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)	Run-Offs (Report required only if you are in a Run-Off Election) <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)	Special Election <input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special General _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
State of <u>Georgia</u> County of <u>Muscogee</u> I, <u>James Q. Shytle</u> 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 <u>February 3</u> , 20 <u>26</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature of Notary Public </div> <div style="width: 45%; text-align: center;"> Commission Expiration </div> <div style="width: 45%;"> Signature of Candidate b. Organization/Chairperson/Treasurer </div> </div>			

CFC-CCDR 12/2025

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

		In-Kind Estimated Value	Cash Amount
1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:		
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	6,429.24
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0	3,850.00
3a	All loans received this reporting period.		592.96
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		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.	0	0
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0	4,442.96
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	0	10,872.20

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	2,587.70
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0	2,129.09
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	0	3.20
11	Total expenditures reported this period. (Line 9 + 10)	0	2,132.29
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0	4,719.99

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)	0	6152.51
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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.

Charmaine Crabb

Public Officer/Candidate/Other Than Candidate Committee Name

Page **2** of **10**

CFC-CCDR 12/2025

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>May</u> Election Year: <u>2026</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	0
2	Loans received this reporting period.	592.96
3	Deferred payment of expenses this reporting period	520.24
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)	1,113.20
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

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 Vikki	Date 1-9-26	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	Cash Amt 100.00	Est. Value
Last Name Traywick					
Address 459 Dakato Trl					
Address2					
City Fortson	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Champions Realty	<input type="checkbox"/> Run-Off Special Primary		Description
State GA				Zip 31808	
Aff. Comm.					
First Name or Business Name Craig	Date 1-12-26	Occupation 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	Cash Amt 200.00	Est. Value
Last Name Greenhaw					
Address 1568 Bartletts Ferry Rd					
Address2					
City Fortson	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Greenhaw Realty LLC	<input type="checkbox"/> Run-Off Special Primary		Description
State GA				Zip 31808	
Aff. Comm.					
First Name or Business Name John	Date 1-14-26	Occupation Retired	<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	Cash Amt 100.00	Est. Value
Last Name House					
Address 1920 Lancaster Dr					
Address2					
City Columbus	<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
State GA				Zip 31904	
Aff. Comm.					

Itemized Contributions Page Total \$ **400.00**

\$

CFC-CCDR 12/2025

First Name or Business Name Tollie		Date 1-14-26	Occupation Robotics	<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. 250.00	Est. Value
Last Name Strode						
Address P.O. Box 8145						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA	Zip 31908	<input type="checkbox"/> Common Source	DOD			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Builders Political Action Committe		Date 1-14-26	Occupation BPAC	<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						
Address 887 W. Marietta St NW						
Address2 Suite T-105		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Atlanta		<input type="checkbox"/> In-Kind				
State GA	Zip 30318	<input type="checkbox"/> Common Source	Association of Georgia			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name J Edgar		Date 1-15-26	Occupation Retired	<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. 250.00	Est. Value
Last Name Chancellor						
Address P.O. Box 58						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA	Zip 31902	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Arey & Cross P.C.		Date 1-26-26	Occupation Attorney	<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. 200.00	Est. Value
Last Name						
Address 4800 Armour Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA	Zip 31904	<input type="checkbox"/> Common Source	Arey & Cross P.C.			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total					\$ 1,200.00	

* 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

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.) Charmaine	1. 1-15-26	First Name Campaign to Elect Charmaine Crabb	1. Realtor
Lender Last Name Crabb	2. 592.26	Last Name	2. Champions Realty
Address 3237 Maricopa Dr	3. <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	Address 3237 Maricopa Dr	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City Columbus		City Columbus	
State GA	Zip 31907	State GA	Zip 31907
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>592.26</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 Double M. Marketing		Date 1-9-26	Occupation Owner	Billboard and Social/Digital Marketing	350.00	
Last Name						
Address P.O. Box 903						
Address2						
City Fortson						
State GA	Zip 31808	<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 Double M. Marketing			
First Name Xpress Printing Inc.		Date 1-15-26		Occupation Owner	Yard Signs with H Stands	1186.13
Last Name						
Address 6231 Gateway Rd						
Address2						
City Columbus						
State GA	Zip 31909	<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 Xpress Printing Inc.			
First Name Vista Print		Date 1-15-26		Occupation	Postcards	592.96
Last Name						
Address 275 Wyman St						
Address2						
City Waltham						
State MA	Zip 02451	<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			

Page Total \$ **2,129.09**

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Charmaine Crabb

Page **7** of **10**

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 WSN Associates LLC	Date 1-26-26	Occupation 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 250.00	Est. Value
Last Name					
Address P.O. Box 1920					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer WSN Associates LLC			Description
City Fortson					
State GA	Zip 31808				
Aff. Comm.					
First Name or Business Name John	Date 1-27-26	Occupation 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 1000.00	Est. Value
Last Name Pezold					
Address 600 Brookstone Centre Pkwy					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Pezold Management Group			Description
City Columbus					
State GA	Zip 31904				
Aff. Comm.					
First Name or Business Name Tracy	Date 1-27-26	Occupation CFO	<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 1000.00	Est. Value
Last Name Sayers					
Address 600 Brookstone Centre Pkwy					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Pezold Management Group			Description
City Columbus					
State GA	Zip 31904				
Aff. Comm.					

Itemized Contributions Page Total \$ **2,250.00**

CFC-CCDR 12/2025

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name NONE				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>				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 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>				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: \$ _____		

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.

N/A