

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type <small>(Select One)</small> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # <u>1</u>	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>CITY COUNCILOR</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID <u>C 301700847</u> <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	Use Earlier of Post Mark or Hand-Delivered Date <div style="font-size: 2em; text-align: center;">Shore</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.5em;">5/3/20</div>
--	--	--

3. Identifying and Contact Information

(1) CHARMAINE CRABB (2) FEBRUARY 3, 2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 3237 MARICOPA DR. COLUMBUS GA 31907
Mailing Address City State Zip Code

(4) 706-392-6116 and/ or CKCRABB@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: _____
Name of Committee Chairperson Name of Committee Treasurer

JAMES Q. SHYGLE

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)			

*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 Georgia County of Albany

I, JAMES Q. SHYKIE, 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 February 3, 2026

[Signature]
Signature of Notary Public

Sept. 19, 2029
Commission Expiration

[Signature]
a. Signature of Candidate
b. Organization/Chairperson/Treasurer

State of Georgia Campaign Contribution Disclosure Report Summary Report

CONTRIBUTIONS RECEIVED

1	<input checked="" 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.	0	5,650 ⁻
3a	All loans received this reporting period.		520 ²⁴
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	259 ⁻
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		6,429 ²⁴
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		6,429 ²⁴

EXPENDITURES MADE

7	<input checked="" 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.	0	2,519 ³⁷
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	68 ³³
11	Total expenditures reported this period. (Line 9 + 10)	0	2,587 ⁷⁰
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0	2,587 ⁷⁰

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	3,841 ⁵⁴
----	--	---	---------------------

* 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.

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 <i>Committee to Elect JUDY THOMAS</i> Last Name Address <i>P.O. Box 2866</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31901</i> Aff. Comm.	Date <i>7-14-25</i> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Employer <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. <i>2,000</i>	Est. Value Description	
First Name or Business Name <i>Fife</i> Last Name <i>Whiteside</i> Address <i>P.O. Box 5393</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31906</i> Aff. Comm.	Date <i>7-25-25</i> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <i>Attorney</i> Employer <i>Fife M. Whiteside PC</i> <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. <i>101</i>	Est. Value Description	
First Name or Business Name <i>STEVEN</i> Last Name <i>Rice</i> Address <i>6011 CHRISTIAN DR</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31909</i> Aff. Comm.	Date <i>7-30-25</i> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation <i>DATA ANALYST</i> Employer <i>MISSION LANE</i> <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. <i>100</i>	Est. Value Description	

CHARMAINE CRABB

Itemized Contributions Page Total \$ *2,201* \$ *0*

First Name or Business Name <i>Sylvia L</i>	Date <i>8-1-25</i>	Occupation <i>Retired</i>	<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. <i>200-</i>	Est. Value
Last Name <i>Walsh</i>					
Address <i>8205 LAMAROOK DR</i>					
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 <i>Columbus</i>					
State <i>GA</i>	Zip <i>31909</i>				
Aff. Comm.					
First Name or Business Name <i>Connie</i>	Date <i>8-2-25</i>	Occupation <i>Retired</i>	<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. <i>250-</i>	Est. Value
Last Name <i>Smith</i>					
Address <i>3901 Ashmore Dr</i>					
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 <i>Columbus</i>					
State <i>GA</i>	Zip <i>31909</i>				
Aff. Comm.					
First Name or Business Name <i>Ernest</i>	Date <i>8-10-25</i>	Occupation <i>REALTOR</i>	<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. <i>199-</i>	Est. Value
Last Name <i>Smallman IV</i>					
Address <i>4621 River Rd.</i>					
Address2 <i>STEC</i>	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <i>Caldwell Banker</i>			Description
City <i>Columbus</i>					
State <i>GA</i>	Zip <i>31904</i>				
Aff. Comm.					
First Name or Business Name <i>Doug</i>	Date <i>8-16-25</i>	Occupation <i>REALTOR</i>	<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. <i>100-</i>	Est. Value
Last Name <i>Jeffcoat</i>					
Address <i>P.O. Box 411</i>					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <i>JEFFCOAT Real Estate Services LLC</i>			Description
City <i>MIDLAND</i>					
State <i>GA</i>	Zip <i>31820</i>				
Aff. Comm.					

Itemized Contributions Page Total \$ *749-* \$

* 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

First Name or Business Name SHANNON		Date 8-18-25	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. 250-	Est. Value
Last Name ROWE						
Address 8020 CHAPEL LAKE DR						
Address2		<input checked="" type="checkbox"/> Monetary	Employer TURNER REALTY			Description
City MIDLAND		<input type="checkbox"/> In-Kind				
State GA	Zip 31820	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name TAMARA		Date 8-23-25	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. 100-	Est. Value
Last Name REYNOLDS						
Address 7932 BIRCHFIELD DR						
Address2		<input checked="" type="checkbox"/> Monetary	Employer NEW FOR YOU			Description
City COLUMBUS		<input type="checkbox"/> In-Kind				
State GA	Zip 31906	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name DONALD		Date 8-25-25	Occupation HOME BUILDER	<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. 100-	Est. Value
Last Name BEWLES						
Address 350 CUMBERLAND RD.						
Address2		<input checked="" type="checkbox"/> Monetary	Employer DBI			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 HUYIA		Date 9-10-25	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-	Est. Value
Last Name ALLEN						
Address 4800 ARMOUR RD						
Address2 Suite A		<input checked="" type="checkbox"/> Monetary	Employer SEELIN CORP.			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				
Itemized Contributions Page Total \$ 700- \$						

* 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

First Name or Business Name SHARON	Date 9-10-25	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. 100-	Est. Value
Last Name FILES					
Address 11083 RAMBLING TRAIL					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Milledale	<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 JEAN	Date 9-21-25	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. 100-	Est. Value
Last Name PENDER					
Address 3317 Hilton Woods DR					
Address2	<input checked="" type="checkbox"/> Monetary	Employer CHAMPIONS REALTY			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31906	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name HAL	Date 10-30-25	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. 1,000-	Est. Value
Last Name KERNEN					
Address 6817 COOPER OAKS ROAD					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			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 JOHN	Date 12-14-25	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. 300-	Est. Value
Last Name ANKER					
Address 4755 CHAMPIONS WAY					
Address2	<input checked="" type="checkbox"/> Monetary	Employer ANKERPAK			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 \$ **1,500-**

* 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

First Name or Business Name CLAUDE	Date 12-23-25	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. 500-	Est. Value
Last Name SCHARPBOUGH					
Address 4921 MARINA COVE CT.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			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	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.					
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.					
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.					
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 \$ **500-** \$

* 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. 8-5-25	First Name CAMPAIGN TO ELECT CHARMAINE CRABB	1. REALTOR
Lender Last Name CRABB	2. 249 ⁸⁴	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 COLUMBUS		Address2	
City GA		City COLUMBUS	
State GA		State GA	
Zip 31907		Zip 31907	
Lender Name (First Name, Business, Inst.) CHARMAINE	1. 7-30-25	First Name CAMPAIGN TO ELECT CHARMAINE CRABB	1. REALTOR
Lender Last Name CRABB	2. 270 ⁹⁰	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		State GA	
Zip 31907		Zip 31907	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ 520.24	

* 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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name U. S. Postal SVC	Last Name	Date 8-5-25	Occupation	Postage STAMPS.	234-
Address 120 12TH ST					
Address2	City COLUMBUS	State GA	Zip 31901	<input checked="" type="checkbox"/> Expenditure 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
First Name RICHIE	Last Name GRANTHAM	Date 8-25-25	Occupation SALES REP	CAMPAIGN SIGNS	1765 ¹³
Address 4135 MILLEN RD					
Address2	City COLUMBUS	State GA	Zip 31907	<input checked="" type="checkbox"/> Expenditure 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 SUN SIGNS INC.
First Name WIXCOM	Last Name	Date 7-30-25	Occupation	CAMPAIGN CONTRIBUTION Website	270 ⁹⁰
Address YUNITS MAN 5					
Address2	City Tel Aviv	State ISRAEL	Zip	<input checked="" type="checkbox"/> Expenditure 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 \$ 2,270⁰³

Public Officer/Candidate/Other Than Candidate Committee Name

CHARMAINE CRABB

Page 9 of 13

CFC-CCDR 10/19

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid		
First Name VISTA PRINT	Last Name	Date 8.5.25	Occupation	THANK YOU CARDS, NOTE CARDS, ENVELOPES	249.34		
Address 275 WYMAN ST.							
Address2	City WALTHAM	<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				
State MA						Zip 02481	
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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer
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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer					
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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer					
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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer					
Address2							
City							
State	Zip						

* 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 \$ **249.34**

Public Officer/Candidate/Other Than Candidate Committee Name

CHARMAINE CRABBPage **10** of **13**

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>MAA</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.		520 ²⁴
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)		520 ²⁴

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
Investments Statement

NONE

1. 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>

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: \$ _____
---	---

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement *N/A*

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.