

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 <small>(Select One)</small>	2. Filing is being made on behalf of (Select One):	<small>Use Earlier of Post Mark or Hand-Delivered</small> <small>Date</small> <i>Steve</i>
<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment <small>Amendment #</small> _____	Candidate or Public Official Office Held or Sought <u>Mayor of Columbus, GA</u> <small>(Include county, municipality, district, post or judicial seat)</small>	
	Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	

3. Identifying and Contact Information

(1) <u>Committee to Elect Joanne Logue</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Name</small>	(2) <u>2/21/2020</u> <small>Today's Date</small>		
(3) <u>PO Box 722 Columbus GA 31902</u> <small>Mailing Address</small>	<u>City</u> _____	<u>State</u> _____	<u>Zip Code</u> _____
(4) <u>700-478-7579</u> <small>Primary Contact Phone Number</small>	and/or <u>loguetorcolumbus@gmail.com</u> <small>E-Mail</small>		
(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			
(7) If yes, complete the following: <u>Joanne Logue</u> <small>Name of Committee Chairperson</small>	<u>Stephanie McPherson</u> <small>Name of Committee Treasurer</small>		

4. Period for which you are Reporting

You Must Check Only One Box

Supplemental Reporting	Filing Schedule	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	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>2020</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. § 21-5-34
State of GeorgiaCounty of Muscogee

I, Stephanie McPherson, 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 2, 2020

Stephanie McPherson
 Signature of Notary Public
 PUBLIC



Sept. 19, 2020
 Commission Expiration

Stephanie McPherson
 a. Signature of Candidate
 b. Organization/Chairperson/Treasurer

Skip to content

Committee to Elect Joanne Logue

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.		66,699.99
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		21,550.00
3a	All loans received this reporting period.		0
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
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		21,550.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		88,249.99

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.		31,508.49
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		10,430.21
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
11	Total expenditures reported this period. (Line 9 + 10)		10,430.21
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		42,004.70

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)		46,245.29
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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.

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

<u>Election Cycle*:</u> Primary 2026		<u>Election Year:</u> 2026	<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
<u>Election Cycle*:</u> _____		<u>Election Year:</u> _____	<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)			
<u>Election Cycle*:</u> _____		<u>Election Year:</u> _____	<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	Occupation & Employer			Estimated Value
	Contribution Type*				Description
First Name or Business Name Elizabeth	Date 1/6/2026	Occupation <i>retired</i>		Cash Amt. 1000.00	Est. Value
Last Name Ogee					
Address 6940 Hilltop Ct					
Address2	<input checked="" type="checkbox"/> Monetary	Employer <i>retired</i>	<input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
State GA	Zip 31904	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.					
First Name or Business Name Billy	Date 1/6/2026	Occupation <i>retired</i>		Cash Amt. 100.00	Est. Value
Last Name Cunningham					
Address 6600 Waterford Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer <i>retired</i>	<input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
State GA	Zip 31904	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.					
First Name or Business Name Charles	Date 1/6/2026	Occupation <i>retired</i>		Cash Amt. 1000.00	Est. Value
Last Name Johnson					
Address 7179 Standing Boy Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer <i>retired</i>	<input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Common Source				
State GA	Zip 31904	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.					

Itemized Contributions Page Total \$ 2100.00 \$ 0

First Name or Business Name John	Last Name Teebles	Address 1547 16th Ave	Date 1/14/2026	Occupation Owner	Cash Amt. 250.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Description
City Columbus						
State GA	Zip 31901					
Aff. Comm.						
First Name or Business Name John	Last Name Thayer, Sr	Address 1812 Carter Ave	Date 1/14/2026	Occupation Owner	Cash Amt. 500.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed	<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			Description
City Columbus						
State GA	Zip 31906					
Aff. Comm.						
First Name or Business Name Garrard	Last Name Gunby	Address 6001 River Rd, Ste 100	Date 1/14/2026	Occupation Owner	Cash Amt. 500.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed	<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			Description
City Columbus						
State GA	Zip 31904					
Aff. Comm.						
First Name or Business Name Committee to Elect Byron	Last Name Hickey	Address 532 Honolulu Dr	Date 1/14/2026	Occupation na	Cash Amt. 2000.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer na	<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			Description
City Columbus						
State GA	Zip 31904					
Aff. Comm.						
Itemized Contributions Page Total \$ <u>3250.00</u> \$ 0						

* 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	Date	Occupation	Cash Amt.	Est. Value
Marty	1/9/2026	Retired	1000.00	
Flournoy				
Address 2520 Wynnton Rd				
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Run-Off Special	Description
City Columbus	<input type="checkbox"/> In-Kind		<input type="checkbox"/> Run-Off Special	
State GA	Zip 31906	Retired	<input type="checkbox"/> Primary	
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Alfred	1/7/2026	Board Member	100.00	
Last Name				
Hayes, Jr				
Address 5805 Warwick Pl				
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Primary	Description
City Columbus	<input type="checkbox"/> In-Kind	Southern States Bank	<input type="checkbox"/> General	
State GA	Zip 31904		<input type="checkbox"/> Special	
Aff. Comm.	<input type="checkbox"/> Common Source		<input type="checkbox"/> Special Primary	
	<input type="checkbox"/> Credit Received on Loan		<input type="checkbox"/> Run-Off Primary	
			<input type="checkbox"/> Run-Off General	
			<input type="checkbox"/> Run-Off Special	
			<input type="checkbox"/> Run-Off Special	
			<input type="checkbox"/> Primary	
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Jennifer	1/9/2026	Broker	200.00	
Last Name				
Flournoy				
Address 128 E MLK Jr Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Primary	Description
City Hinesville	<input type="checkbox"/> In-Kind	Flournoy Wynnton Villaage, LLC	<input type="checkbox"/> General	
State GA	Zip 31313		<input type="checkbox"/> Special	
Aff. Comm.	<input type="checkbox"/> Common Source		<input type="checkbox"/> Special Primary	
	<input type="checkbox"/> Credit Received on Loan		<input type="checkbox"/> Run-Off Primary	
			<input type="checkbox"/> Run-Off General	
			<input type="checkbox"/> Run-Off Special	
			<input type="checkbox"/> Run-Off Special	
			<input type="checkbox"/> Primary	
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Mark	1/12/2026	Manager	100.00	
Last Name				
Weitzel				
Address 2941 Roswell Ln				
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Primary	Description
City Columbus	<input type="checkbox"/> In-Kind	VA	<input type="checkbox"/> General	
State GA	Zip 31906		<input type="checkbox"/> Special	
Aff. Comm.	<input type="checkbox"/> Common Source		<input type="checkbox"/> Special Primary	
	<input type="checkbox"/> Credit Received on Loan		<input type="checkbox"/> Run-Off Primary	
			<input type="checkbox"/> Run-Off General	
			<input type="checkbox"/> Run-Off Special	
			<input type="checkbox"/> Run-Off Special	
			<input type="checkbox"/> Primary	
Itemized Contributions Page Total				1400.00 \$ 0

* 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 Shika	Date 1/20/2026	Occupation Physician	Cash Amt. 500.00	Est. Value
Last Name Shah				
Address 6200 Bradley Park 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 Self employed	<input checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Description
City Columbus				
State GA	Zip 31904			
Aff. Comm.				
First Name or Business Name W. Brady	Date 1/19/2026	Occupation Broker	Cash Amt. 1000.00	Est. Value
Last Name Benton				
Address 7498 Rolling Bend 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 Country Financial	<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	Description
City Columbus				
State GA	Zip 31904			
Aff. Comm.				
First Name or Business Name David	Date	Occupation Builder	Cash Amt. 2000.00	Est. Value
Last Name Erickson				
Address 4 Bradley Park Ct				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Self employed	<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	Description
City Columbus				
State GA	Zip 31904			
Aff. Comm.				
First Name or Business Name Warren	Date 1/20/2026	Occupation Retired	Cash Amt. 200.00	Est. Value
Last Name Steele				
Address 7650 Rivercrest 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 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	Description
City Columbus				
State GA	Zip 31904			
Aff. Comm.				
Itemized Contributions Page Total \$ 3700.00 \$ 0				

* 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 John	Last Name Patterson	Address 1906 Leonard St, Unit 6	Date 1/23/2026	Occupation Retired	Cash Amt. 200.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind			<input type="checkbox"/> Employer Retired	<input checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Description
City Columbus						
State GA	Zip 31906					
Aff. Comm.						
First Name or Business Name Donna	Last Name Morgan	Address 6614 Widgeon Dr	Date 1/24/2026	Occupation CEO	Cash Amt. 100.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind			<input type="checkbox"/> Employer Columbus Hospice	<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	Description
City Columbus						
State GA	Zip 31820					
Aff. Comm.						
First Name or Business Name John	Last Name Stacey	Address PO Box 1920	Date 1/27/2026	Occupation Owner	Cash Amt. 250.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind			<input type="checkbox"/> Employer Self employed	<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	Description
City Fortson						
State GA	Zip 31808					
Aff. Comm.						
First Name or Business Name Thomas	Last Name Perkins	Address 891 Peachtree Dr	Date 1/28/2026	Occupation Retired	Cash Amt. 300.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind			<input type="checkbox"/> Employer 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	Description
City Columbus						
State GA	Zip 31906					
Aff. Comm.						
Itemized Contributions Page Total					\$ 850.00	\$ 0

* 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 Sara	Date 1/16/2026	Occupation Teacher	<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	Cash Amt. 2500.00	Est. Value
Last Name Bradley					
Address 6152 Green Island Dr #14			<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
Address2 City Columbus	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer CSU			
State GA	Zip 31904		<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Aff. Comm.					
First Name or Business Name Beth	Date 1/27/2026	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. 2500.00	Est. Value
Last Name Sayers					
Address 871 Graystone Dr					Description
Address2 City Columbus	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Self employed			
State GA	Zip 31904		<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Aff. Comm.					
First Name or Business Name Amy	Date 1/29/2026	Occupation homemaker	<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. 3300.00	Est. Value
Last Name Spencer					
Address 1919 Garrard St Lot 7					Description
Address2 City Columbus	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer homemaker			
State GA	Zip 31906		<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Aff. Comm.					
First Name or Business Name Robert	Date 1/25/20	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 Dixon, Jr					
Address 6551 #1 Green Island Dr					Description
Address2 City Columbus	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Self employed			
State GA	Zip 31904		<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Aff. Comm.					
Itemized Contributions Page Total \$ 9300.00 \$ 0					

* 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 Jack	Last Name Warden	Address 7760 Lynch Rd	Date 1/13/2026	Occupation President	Cash Amt. 250.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary			Employer Goodwill Southern Rivers	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Description
City Midland	<input type="checkbox"/> In-Kind					
State GA	Zip 31820					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
First Name or Business Name John	Last Name House	Address 1920 Lancaster Dr	Date 1/14/2026	Occupation Retired	Cash Amt. 100.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary			Employer Retired	<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	Description
City Columbus	<input type="checkbox"/> In-Kind					
State GA	Zip 31904					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
First Name or Business Name Timothy	Last Name Wynn	Address 7829 Cleo Dr	Date 1/14/2026	Occupation Retired	Cash Amt. 500.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary			Employer retired	<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	Description
City Columbus	<input type="checkbox"/> In-Kind					
State GA	Zip 31909					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
First Name or Business Name Gloria	Last Name Johnson	Address 1125 Mobley Walk C	Date 1/14/2026	Occupation retired	Cash Amt. 100.00	Est. Value
Address2	<input checked="" type="checkbox"/> Monetary			Employer retired	<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	Description
City Columbus	<input type="checkbox"/> In-Kind					
State GA	Zip 31904					
Aff. Comm.	<input type="checkbox"/> Common Source					
	<input type="checkbox"/> Credit Received on Loan					
Itemized Contributions Page Total						\$ 950.00 0

* 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 \$ _____

* 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 Magnolia Consultants Last Name	Date 1/1/20	Occupation Consultant		3700.00
Address 31012 Edgewood Rd Address2	<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 Magnolia Consultants	media	
City Columbus State GA Zip 31906				
First Name Columbus Best Donuts Last Name	Date 1/9/20	Occupation		104.05
Address 1807 Wynnston Rd Address2	<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	Event	
City Columbus State GA Zip 31906				
First Name Peach Partners, LLC Last Name	Date 1/12/20	Occupation		10385.22
Address 1425 Autumnridge Dr. Address2	<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	signs	
City Columbus State GA Zip 31904				

Page Total \$ **10,189.27**

* 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 Express Printing Last Name	Date 1/25/20	Occupation		19.90
Address 11231 Gateway Rd Address2	<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	marketing	
City Columbus State GA Zip 31909				
First Name Express Printing Last Name	Date	Occupation		34.23
Address 11231 Gateway Rd Address2	<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	marketing	
City Columbus State GA Zip 31909				
First Name W11 Last Name	Date 1/31/20	Occupation		92.81
Address 500 Terry A Francois Address2 Bvd	<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	interchange fees	
City San Francisco State CA Zip 94158				

Page Total \$ **240.94**

* 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