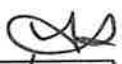


Campaign Contribution Disclosure Report

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):	Use Earlier of Post Mark or Hand-Delivered Date
<input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment <small>Amendment # _____</small>	Candidate or Public Official Office Held or Sought <u>Mayor of Columbus</u> <small>(Include county, municipality, district, post or judicial seat)</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	<small>FEB 11 PM1:56</small>  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>2/11/2020</u> </div>

3. Identifying and Contact Information

(1) Committee to Elect Joanne Logle (2) 2/11/20
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) PO Box 722 Columbus GA 31902 City _____ State _____ Zip Code _____
Mailing Address

(4) 604-478-7579 and/or logleforcolumbus@gmail.com E-Mail
Primary Contact Phone Number

(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: Joanne Logle Stephanie Mipherson
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

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

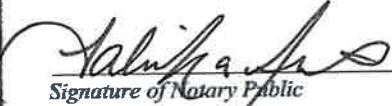
*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-36

State of Georgia

County of Muscogee

I, Stephanie Mipherson, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on Feb. 11, 2020


Signature of Notary Public




a. Signature of Candidate

b. Organization/Chairperson/Treasurer

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.		166,649.99
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)		42,504.70

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.

Committee to Elect Joanne Cogle

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: Primary 2026		Election Year: 2026	Amount
1	Outstanding indebtedness at the beginning of this reporting period.		0
2	Loans received this reporting period.		0
3	Deferred payment of expenses this reporting period		0
4	Payments made on loans this reporting period.		0
5	Credits received on loans this reporting period		0
6	Payments this reporting period on previously deferred expenses.		0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		0
Election Cycle*: _____		Election Year: _____	Amount
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: _____	Amount
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		Employer <i>retired</i>			Description
Address2	<input checked="" type="checkbox"/> Monetary				
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 Billy	Date 1/6/2026	Occupation <i>retired</i>		Cash Amt. 100.00	Est. Value
Last Name Cunningham					
Address 6600 Waterford Rd		Employer <i>retired</i>			Description
Address2	<input checked="" type="checkbox"/> Monetary				
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 Charles	Date 1/6/2026	Occupation <i>retired</i>		Cash Amt. 1000.00	Est. Value
Last Name Johnson					
Address 7179 Standing Boy Rd		Employer <i>retired</i>			Description
Address2	<input checked="" type="checkbox"/> Monetary				
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 **\$ 2100.00** **\$ 0**

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

Itemized Contributions Page Total \$ 3250.00 \$ 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 Marty		Date 1/9/2026	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. 1000.00	Est. Value
Last Name Flournoy						
Address 2520 Wynnton Rd						Description
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City Columbus						
State GA	Zip 31906					
Aff. Comm.						
First Name or Business Name Alfred		Date 1/7/2026	Occupation Board Member	<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. 100.00	Est. Value
Last Name Hayes, Jr						
Address 5805 Warwick Pl						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City Columbus						
State GA	Zip 31904					
Aff. Comm.						
First Name or Business Name Jennifer		Date 1/9/2026	Occupation Broker	<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 Flournoy						
Address 128 E MLK Jr Dr						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City Hinesville						
State GA	Zip 31313					
Aff. Comm.						
First Name or Business Name Mark		Date 1/12/2026	Occupation Manager	<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. 100.00	Est. Value
Last Name Weitzel						
Address 2941 Roswell Ln						
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City Columbus						
State GA	Zip 31906					
Aff. Comm.						

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	Date	Occupation	Cash Amt.	Est. Value
Shika Shah	1/20/2026	Physician	500.00	
Address 6200 Bradley Park Dr				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Self employed		Description
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
State GA	Zip 31904			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
W. Brady	1/19/2026	Broker	1000.00	
Last Name				
Benton				
Address 7498 Rolling Bend Rd				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Country Financial		Description
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
State GA	Zip 31904			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
David		Builder	2000.00	
Last Name				
Erickson				
Address 4 Bradley Park Ct				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Self employed		Description
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
State GA	Zip 31904			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Warren	1/20/2026	Retired	200.00	
Last Name				
Steele				
Address 7650 Rivercrest Dr				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Retired		Description
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
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	Date	Occupation	Cash Amt.	Est. Value
John	1/23/2026	Retired	200.00	
Patterson				
Address				Description
1906 Leonard St, Unit 6				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer Retired	<input checked="" type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
State GA	Zip 31906			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Donna	1/24/2026	CEO	100.00	
Morgan				
Address				Description
6614 Widgeon Dr				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	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	
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
State GA	Zip 31820			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
John	1/27/2026	Owner	250.00	
Stacey				
Address				Description
PO Box 1920				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	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	
City Fortson	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
State GA	Zip 31808			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Thomas	1/28/2026	Retired	300.00	
Perkins				
Address				Description
891 Peachtree Dr				
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	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	
City Columbus	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
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	Date	Occupation	Cash Amt.	Est. Value
Sara	1/16/2026	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 <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	
Bradley				
Address				
6152 Green Island Dr #14				
Address2	<input checked="" type="checkbox"/> Monetary	Employer CSU		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	Date	Occupation	Cash Amt.	Est. Value
Beth	1/27/2026	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	
Sayers				
Address				
871 Graystone Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self employed		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	Date	Occupation	Cash Amt.	Est. Value
Amy	1/29/2026	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	
Spencer				
Address				
1919 Garrard St Lot 7				
Address2	<input checked="" type="checkbox"/> Monetary	Employer Homemaker		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	Date	Occupation	Cash Amt.	Est. Value
Robert	1/28/20	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	
Dixon, Jr				
Address				
6551 #1 Green Island Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self employed		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 \$ 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	Date	Occupation	Cash Amt.	Est. Value
Jack	1/13/2026	President	250.00	
Warden				
Address				
7760 Lynch Rd				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City	<input type="checkbox"/> In-Kind	Goodwill		
Midland	<input type="checkbox"/> Common Source	Southern		
State	<input type="checkbox"/> Zip	Rivers		
GA	31820			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
John	1/14/2026	Retired	100.00	
Last Name				
House				
Address				
1920 Lancaster Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City	<input type="checkbox"/> In-Kind	Retired		
Columbus	<input type="checkbox"/> Common Source			
State	<input type="checkbox"/> Zip			
GA	31904			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Joan	1/14/2026	Retired	500.00	
Last Name				
Wynn				
Address				
7829 Cleo Dr				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City	<input type="checkbox"/> In-Kind	retired		
Columbus	<input type="checkbox"/> Common Source			
State	<input type="checkbox"/> Zip			
GA	31909			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Gloria	1/14/2026	retired	100.00	
Last Name				
Johnson				
Address				
1125 Mobley Walk C				
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City	<input type="checkbox"/> In-Kind	retired		
Columbus	<input type="checkbox"/> Common Source			
State	<input type="checkbox"/> Zip			
GA	31904			
Aff. Comm.	<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
Loan Page Total \$ _____				

Reference: OCGA § 21-5-34(b)(1)

* 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 <i>Magnolia Consultants</i>	Date <i>11/11/20</i>	Occupation <i>Consultants</i>		<i>3700.00</i>
Last Name			<i>Media</i>	
Address <i>31012 Edgewood Rd</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer <i>Magnolia Consultants</i>		
City <i>Columbus</i>				
State <i>GA</i>	Zip <i>31904</i>			
First Name <i>Columbus Best Donuts</i>	Date <i>11/9/20</i>	Occupation		<i>104.05</i>
Last Name			<i>Event</i>	
Address <i>1807 Winton Rd</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City <i>Columbus</i>				
State <i>GA</i>	Zip <i>31904</i>			
First Name <i>Peach Partners, LLC</i>	Date <i>11/12/20</i>	Occupation		<i>1375.22</i>
Last Name			<i>signs</i>	
Address <i>1425 Autumnridge Dr.</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City <i>Columbus</i>				
State <i>GA</i>	Zip <i>31904</i>			

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 <i>Express Printing</i> Last Name	Date <i>1/25/20</i>	Occupation		<i>119.90</i>
Address <i>11231 Gateway Rd</i> 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	<i>marketing</i>	
City <i>Columbus</i> State <i>GA</i> Zip <i>31909</i>				
First Name <i>Express Printing</i> Last Name	Date	Occupation		<i>34.23</i>
Address <i>11231 Gateway Rd</i> 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	<i>marketing</i>	
City <i>Columbus</i> State <i>GA</i> Zip <i>31909</i>				
First Name <i>WIA</i> Last Name	Date <i>1/31/20</i>	Occupation		<i>92.81</i>
Address <i>500 Terry A Francois</i> Address2 <i>Bvd</i>	<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	<i>interchange fees</i>	
City <i>San Francisco</i> State <i>CA</i> Zip <i>94158</i>				

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

Investment 1		Account #			
1. Investment Name		Value at beginning of reporting period \$			
Institution/Person Holding Account		Value at end of reporting period \$			
Mailing Address		Difference in value \$			
Address2		Interest Paid Out \$			
City	State	Cash Dividends \$			
Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
2. Investment Name		Account #			
Institution/Person Holding Account		Value at beginning of reporting period \$			
Mailing Address		Value at end of reporting period \$			
Address2		Difference in value \$			
City	State	Interest Paid Out \$			
City	State	Cash Dividends \$			
Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss
<u>Total value of investments at beginning of reporting period \$</u>		Page Total Cash Dividends: \$ _____			
<u>Total value of investments at end of reporting period \$</u>		Page Total Interest Paid Out: \$ _____			
<u>Total difference in value \$</u>		Page Total Profit: \$ _____			
		Page Total Loss: \$ _____			

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report should not be listed on Addendum Statement.