

## 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](http://www.ethics.ga.gov)

<b>1. Report Type</b> (Select One)	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought <u>City Councilperson</u> <small>(Include county, municipality, district, post or judicial seat)</small>  <b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: _____	Use Earlier of Post Mark or Hand-Delivered Date  <i>flor</i> <b>02/09/26</b>
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## 3. Identifying and Contact Information

(1) <u>Dr. John D. Van Doorn</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Name</small>	(2) <u>February 9, 2026</u> <small>Today's Date</small>		
(3) <u>PO Box 250</u> <small>Mailing Address</small>	<u>Fortson</u> <small>City</small>	GA	31808
(4) <u>(706) 615-5635</u> <small>Primary Contact Phone Number</small>	and/or <u>electjohnvandoornfor9@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>Dr. John D. Van Doorn</u> <span style="float: right;"><u>Ashley Anglin</u></span> <small>Name of Committee Chairperson</small> <span style="float: right;"><small>Name of Committee Treasurer</small></span>			

## 4. Period for which you are Reporting

You Must Check Only One Box			
Supplemental Reporting	Filing Schedule	Run-Offs (Report required only if you are in a Run-Off Election)	Special Election
<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (year)	<input checked="" type="checkbox"/> January 31, <u>2026</u> (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-off _____ (year) <input type="checkbox"/> 6 days before General Run-off, _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-off _____ (year) <input type="checkbox"/> 6 days before Special General Run-off, _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special General, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)

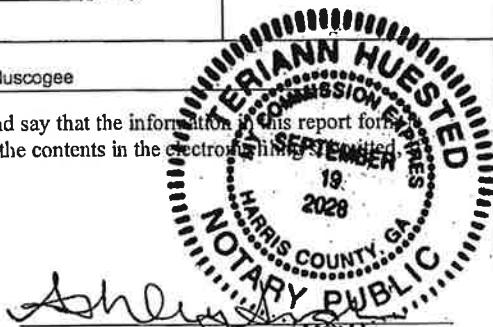
\*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-344

I, Ashley Anglin, 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 system and also electronically filed.

Sworn to and subscribed before me on Feb. 9, 2026

Tierriann Huested  
Signature of Notary Public

9. 19. 2028  
Commission Expiration



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

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Summary Report**

**CONTRIBUTIONS RECEIVED**

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	2,000.00	7,932.72
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0.00	200.00
3a	All loans received this reporting period.		0.00
3b	Interest earned on campaign account this reporting period.		0.00
3c	Total amount of investments sold this reporting period.		0.00
3d	Total amount of cash dividends and interest paid out this reporting period.		0.00
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.	0.00	24.70
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0.00	224.70
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	2,000.00	8,157.42

**EXPENDITURES MADE**

7	<input checked="" type="checkbox"/> I have no expenditures to report. 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.	0.00	6,460.27
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0.00	0.00
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	0.00	0.00
11	Total expenditures reported this period. (Line 9 + 10)	0.00	0.00
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0.00	6,460.27

**INVESTMENTS**

13	Total value of investments held at the beginning of this reporting period.		0.00
14	Total value of investments held at the end of this reporting period.		0.00

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	2,000.00	1,697.15
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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**

Election Cycle*: <u>General</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.		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*: <u></u>		Election Year: <u></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*: <u></u>		Election Year: <u></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		
					Description		
First Name or Business Name John Last Name Rouse, Jr. Address 1115 Vintage Club Dr.	Date 1/23/2026	Occupation retired controller at Cox Enterprises	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special	Cash Amt. 100.00	Est. Value		
Address2 City Johns Creek State GA Zip 30097-5915	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Run-Off Special Primary		Description		
First Name or Business Name Lissa Last Name Grounsell Address 11010 Belle Rose Circle	Date 1/23/2026	Occupation speech pathologist/ audiologist	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special	Cash Amt. 100.00	Est. Value		
Address2 City Shreveport State LA Zip 71106	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Run-Off Special Primary		Description		
First Name or Business Name Last Name Address	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		
Address2 City State LA Zip Aff. Comm.	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	<input type="checkbox"/> Run-Off Special Primary		Description		
Itemized Contributions Page Total \$ 200.00 \$ 0.00							

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Last Name			<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	
Address				
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Description
City				
State   Zip	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Last Name			<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				
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer		Description
City				
State   Zip	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Last Name			<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				
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer		Description
City				
State   Zip	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Last Name			<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				
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	Employer		Description
City				
State   Zip	<input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
Itemized Contributions Page Total \$ _____				

\* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

\*\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

\*\*\* If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Loan Reporting			
Name of Lender & Mailing Address	1. Date of Loan 2. Amount of Loan 3. Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1. Occupation & 2. Place of Employment 3. Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State   Zip		State   Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State   Zip		State   Zip	
Reference: OCGA § 21-5-34(b)(1)			Loan Page Total \$ _____

\* 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	Date	Occupation		
Last Name				
Address				
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"/> 3 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City				
State	Zip			
First Name	Date	Occupation		
Last Name				
Address				
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"/> 3 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City				
State	Zip			
First Name	Date	Occupation		
Last Name				
Address				
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"/> 3 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City				
State	Zip			

Page Total \$ 0.00

\* 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	Date	Occupation		
Last Name				
Address	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 <sup>rd</sup> 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"/> 3 <sup>rd</sup> 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"/> 3 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City				
State	Zip			

Page Total \$ \_\_\_\_\_

\* 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**

**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.