

Campaign Contribution Disclosure Report

State Ethics Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1988 | www.ethics.ga.gov

| | | |
|--|---|---|
| 1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____ | 2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>City Councilor, District 7, Columbus-Muscogee County</u> <small>(Include county, municipality, district, post or judicial seat)</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Committee to Elect Becca Zajac</u> | Use Earlier of Post Mark or Hand-Delivered Date <i>filed</i> February 9, 2026 |
|--|---|---|

3. Identifying and Contact Information

(1) Rebecca Zajac (2) February 9, 2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name *Today's Date*

(3) P.O. Box 102, Columbus, GA 31902 *Mailing Address* *City* *State* *Zip Code*

(4) 706.405.0009 *Primary Contact Phone Number* and/or rebecca.zajac@gmail.com *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
Richard Bishop Rebecca Covington

(7) If yes, complete the following: Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

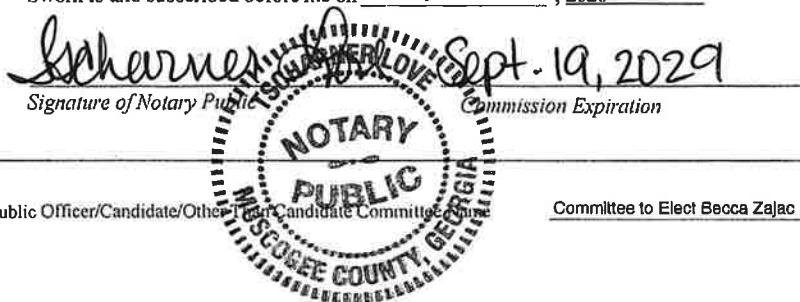
You Must Check Only One Box

| 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>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. § 21-5-34i

State of GeorgiaCounty of Muscogee

I, Rebecca Zajac, 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 9, 2026

Rebecca Zajac
 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. | 0 | 3,100 |
| 3 | Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page. | 1,471 | 9,244.92 |
| 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 | 484.90 |
| 5 | Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4) | 1,471 | 9,729.82 |
| 6 | Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5) | 1,471 | 12,829.82 |

EXPENDITURES MADE

| 7 | <input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report: | | |
|----|---|---|--------|
| 8 | Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report. | 0 | 0 |
| 9 | Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page. | 0 | 257.13 |
| 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 | 359.04 |
| 11 | Total expenditures reported this period. (Line 9 + 10) | 0 | 616.17 |
| 12 | Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11) | 0 | 616.17 |

INVESTMENTS

| | | | |
|----|--|---|---|
| 13 | Total value of investments held at the beginning of this reporting period. | 0 | 0 |
| 14 | Total value of investments held at the end of this reporting period. | 0 | 0 |

TOTAL NET BALANCE ON HAND

| | | | |
|----|--|-------|-----------|
| 15 | Net balance on hand. (Line 6 - 12 + 14) | 1,471 | 12,213.65 |
|----|--|-------|-----------|

* 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 Indebtess

| 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*: | | Election Year: | <u>Amount</u> |
| 1 Outstanding indebtedness at the beginning of this reporting period. | | | |
| 2 Loans received this reporting period. | | | |
| 3 Deferred payment of expenses this reporting period | | | |
| 4 Payments made on loans this reporting period. | | | |
| 5 Credits received on loans this reporting period | | | |
| 6 Payments this reporting period on previously deferred expenses. | | | |
| 7 Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6) | | | |

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

| Full Name of Contributor Mailing Address (Affiliation of Committee if any) | Contributor | | Election Cycle** | Cash Amount | In-Kind Contributions |
|--|--|---------------------------------------|---|---------------|-----------------------|
| | Received Date | Occupation & Employer | | | Estimated Value |
| | Contribution Type* | | | | Description |
| First Name or Business Name Warren Last Name Steele Address 7650 River Crest Dr. | Date 01-20-2026 | 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 | 208.65 | Est. Value |
| Address2 City Columbus State GA Zip 31904 Aff. Comm. | <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 type="checkbox"/> Run-Off Special Primary | | Description |
| First Name or Business Name Susan Last Name Berry Address 520 Front Ave | Date 01-20-2026 | 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 | 260.73 | Est. Value |
| Address2 City Columbus State GA Zip 31901 Aff. Comm. | <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 type="checkbox"/> Run-Off Special Primary | | Description |
| First Name or Business Name William Last Name Fort-Morgan Address 2626 Habersham Ave | Date 1/20/2026 | Occupation Resource 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 | 260.73 | Est. Value |
| Address2 City Columbus State GA Zip 31906 Aff. Comm. | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer Aflac | | | Description |

Itemized Contributions Page Total **\$730.11**

\$0

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|-----------------------------------|--|--|-----------|-------------------------|
| Nick | 1/28/2026 | Consultant | | |
| Robson | | | 250.00 | |
| Address 1080 Peachtree St NE | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Atlanta | <input type="checkbox"/> In-Kind | McKinsey & Company | | |
| State GA | <input type="checkbox"/> Zip 30309 | <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 |
| Alex | 1/28/2026 | Lawyer | | |
| Shalishali | | | 260.73 | |
| Address 6807 Riverbrook Trace | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Self | | |
| State GA | <input type="checkbox"/> 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 |
| Kern | 1/28/2026 | Executive Director | | |
| Wadkins | | | 260.73 | |
| Address 2132 Wells Dr | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Columbus Symphony Orchestra | | |
| State GA | <input type="checkbox"/> 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 |
| Siri | 1/28/2026 | Physician | | |
| Holton | | | 1000 | |
| Address 126 Cambridge Rd | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Landenberg | <input type="checkbox"/> In-Kind | Christiana Care | | |
| State PA | <input type="checkbox"/> Zip 19350 | <input type="checkbox"/> Common Source | | |
| Aff. Comm. | <input type="checkbox"/> Credit Received on Loan | | | |
| Itemized Contributions Page Total | | | | \$ 1,771.46 \$ 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

Committee to Elect Becca Zajac Page 5 of 17

Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|---|--|------------------------------|-----------|-------------|
| Colin | 01-26-2026 | Lead External Affairs | 260.73 | |
| Martin | | | | Description |
| Address 7012 Winthrop Court | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Columbus | <input type="checkbox"/> In-Kind | AT&T | | |
| 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 | Cash Amt. | Est. Value |
| Todd | 01-26-2026 | Sales | 260.73 | |
| Last Name Sellers | | | | Description |
| Address 1201 Front Ave | | | | |
| Address2 #522 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Columbus | <input type="checkbox"/> In-Kind | Self | | |
| State GA | <input type="checkbox"/> Common Source | | | |
| Zip 31901 | <input type="checkbox"/> Credit Received on Loan | | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| Thomas | 01-26-2026 | President & CEO | 150 | |
| Last Name Flournoy | | | | Description |
| Address 8000-11 Midland Dr. | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Midland | <input type="checkbox"/> In-Kind | Flournoy Development Company | | |
| State GA | <input type="checkbox"/> Common Source | | | |
| Zip 31820 | <input type="checkbox"/> Credit Received on Loan | | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| John | 01-27-2026 | Retired | 200 | |
| Last Name Sebastian | | | | Description |
| Address 416 Broadway | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Columbus | <input type="checkbox"/> In-Kind | Retired | | |
| State GA | <input type="checkbox"/> Common Source | | | |
| Zip 31901 | <input type="checkbox"/> Credit Received on Loan | | | |
| Aff. Comm. | | | | |
| Itemized Contributions Page Total \$ 871.46 \$ 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

Committee to Elect Becca Zajac Page 17 of 17

Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|---------------------------------------|--|-----------------|-----------|-------------|
| Jennifer | 1/29/2026 | Developer | | |
| Flournoy | | | 100 | |
| Address 128 E MLK JR DR | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Hinesville | <input type="checkbox"/> In-Kind | Flournoy | | |
| State GA | <input type="checkbox"/> Common Source | Wynnton | | |
| | <input type="checkbox"/> Credit Received on Loan | Properties | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| Cheryl | 1/29/2026 | Retired | | |
| Last Name Johnson | | | 104.48 | |
| Address 605 Broadway | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Retired | | |
| State GA | <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 |
| Rachel | 1/29/2026 | Project Manager | | |
| Last Name Sebastian | | | 104.48 | |
| Address 618 2nd Ave | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | | | |
| State GA | <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 |
| Hannah | 1/29/2026 | Professor | | |
| Last Name Israel | | | 104.48 | |
| Address 645 2nd Avenue | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Columbus | | |
| State GA | <input type="checkbox"/> Common Source | State | | |
| | <input type="checkbox"/> Credit Received on Loan | University | | |
| Aff. Comm. | | | | |
| 413.44 \$0 | | | | |
| Itemized Contributions Page Total \$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

Committee to Elect Becca Zajac Page 7 of 17

Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|---|--|--|-----------|-------------|
| Helena Coates | 1/29/2026 | Director of Development | 104.48 | |
| Address 5009 Wellington Way | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Midland | <input type="checkbox"/> In-Kind | Pastoral Institute | | |
| State GA | Zip 31820 | <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 |
| Tyler Townsend | 1/29/2026 | Financial Planner | 150 | |
| Address 4767 Timarron Ct | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Townsend Wealth Management | | |
| State GA | Zip 31901 | <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 |
| David Fivecoat | 1/29/2026 | Leadership Development | 208.65 | |
| Address 604 Broadway | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Self | | |
| State GA | Zip 31901 | <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 |
| Cathleen Williams | 1/29/2026 | Construction | 250 | |
| Address 618 1st Ave | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Cols Housing Initi | | |
| State GA | Zip 31901 | <input type="checkbox"/> Common Source | | |
| Aff. Comm. | | <input type="checkbox"/> Credit Received on Loan | | |
| Itemized Contributions Page Total \$ 713.13 \$ 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

Committee to Elect Becca Zajac Page 9 of 17

Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|---|--|------------------------|-----------|---------------|
| Keith | 1/29/2026 | Grocer | | |
| Last Name Milligan | | | | |
| Address 3745 C US Highway 80 W | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Phenix City | <input type="checkbox"/> In-Kind | JTM Corporation | | |
| State AL | <input type="checkbox"/> Common Source | | | |
| Aff. Comm. | <input type="checkbox"/> Credit Received on Loan | | | |
| First Name or Business Name Teresa | Date 1/29/2026 | Occupation Attorney | Cash Amt. | Est. Value |
| Last Name Tomlinson | | | | |
| Address 828 Overlook Drive | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Columbus | <input type="checkbox"/> In-Kind | Hall Booth | | |
| State GA | <input type="checkbox"/> Common Source | | | |
| Aff. Comm. | <input type="checkbox"/> Credit Received on Loan | | | |
| First Name or Business Name Wade | Date 1/29/2026 | Occupation Retired | Cash Amt. | Est. Value |
| Last Name Tomlinson | | | | |
| Address 828 Overlook Dr | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Columbus | <input type="checkbox"/> In-Kind | Retired | | |
| State GA | <input type="checkbox"/> Common Source | | | |
| Aff. Comm. | <input type="checkbox"/> Credit Received on Loan | | | |
| First Name or Business Name Anbessita Productions Inc. | Date 1/29/2026 | Occupation Producer | Cash Amt. | Est. Value |
| Last Name | | | | |
| Address 2715 Averett Drive | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | |
| City Columbus | <input type="checkbox"/> In-Kind | Self | | |
| State GA | <input type="checkbox"/> Common Source | | | |
| Aff. Comm. | <input type="checkbox"/> Credit Received on Loan | | | |
| Itemized Contributions Page Total | | | | \$ 2,950 \$ 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

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|-----------------------------------|--|--------------|-----------|-------------|
| Heath | 1/29/2026 | Banker | | |
| Last Name Schondelmayer | | | 100 | |
| Address 887 Peachtree Dr. | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Synovus | | |
| State GA | <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 |
| David | 1/30/2026 | Retired | | |
| Last Name Askew | | | 104.48 | |
| Address 5006 Grandtree Way | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Midland | <input type="checkbox"/> In-Kind | Retired | | |
| State GA | <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 |
| Stephanie | 1/30/2026 | Therapist | | |
| Last Name Brookins | | | 104.48 | |
| Address 10 Kylemore Ct | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Stephanie | | |
| State GA | <input type="checkbox"/> Common Source | Brookins LPC | | |
| | <input type="checkbox"/> Credit Received on Loan | LLC | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| Amy | 1/30/2026 | Executive | | |
| Last Name Way | | Director | 104.48 | |
| Address 1552 Cherokee Ave | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input type="checkbox"/> In-Kind | Standing Boy | | |
| State GA | <input type="checkbox"/> Common Source | Inc | | |
| | <input type="checkbox"/> Credit Received on Loan | | | |
| Aff. Comm. | | | | |
| Itemized Contributions Page Total | | | | 413.44 \$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

Committee to Elect Becca Zajac Page 10 of 17

Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|--|--|---|-----------|---|
| Jack | 1/30/2026 | Retired | 250 | |
| Key III | | | | <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 450 Pinetree Road | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer Retired | | Description |
| Address2 | | | | |
| City Hamilton | | | | |
| State GA | Zip 31811 | | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| Bill | 1/30/2026 | Business Technical Services Analyst | 260.73 | |
| Weathers | | | | <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 1701 Williams Ct | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer FIS | | Description |
| Address2 | | | | |
| City Columbus | | | | |
| State GA | Zip 31904 | | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| David | 1/31/2026 | Sales Rep. | 100 | |
| Holt | | | | <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 6319 Abbey Dr | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer United Distributors | | Description |
| Address2 | | | | |
| City Columbus | | | | |
| State GA | Zip 31909 | | | |
| Aff. Comm. | | | | |
| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
| Kaila | 1/31/2026 | Physician | 250 | |
| Nicolson | | | | <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 4428 Bondale Drive | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer Anesthesia Associates of Columbus | | Description |
| Address2 | | | | |
| City Columbus | | | | |
| State GA | Zip 31907 | | | |
| Aff. Comm. | | | | |
| Itemized Contributions Page Total \$ 860.73 \$ 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

Committee to Elect Becca Zajac Page 11 of 17

CFC-CCDR 10/19

| First Name or Business Name | Date | Occupation | Cash Amt. | Est. Value |
|-------------------------------|--|-------------------------|-----------|-------------|
| Maggie Valentine | 1/31/2026 | Technology Partnerships | 521.15 | |
| Address 53 Crescent Street | | | | |
| Address2 | <input checked="" type="checkbox"/> Monetary | Employer | | Description |
| City Shrewsbury | <input type="checkbox"/> In-Kind | Outreach | | |
| State MA | <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 |
| Columbus Tape & Video | 1/31/2026 | | | 250 |
| Last Name | | | | |
| Address 300 Tenth St E | | | | |
| Address2 | <input type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input checked="" type="checkbox"/> In-Kind | | | Equipment |
| State GA | <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 |
| Uptown Life LLC | 1/31/2026 | | | 500 |
| Last Name | | | | |
| Address 521 Broadway | | | | |
| Address2 | <input type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input checked="" type="checkbox"/> In-Kind | | | Venue |
| State GA | <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 |
| D & S Signs | 1/31/2026 | | | 721 |
| Last Name | | | | |
| Address 710 Linwood Blvd | | | | |
| Address2 | <input type="checkbox"/> Monetary | Employer | | Description |
| City Columbus | <input checked="" type="checkbox"/> In-Kind | | | Signage |
| State GA | <input type="checkbox"/> Common Source | | | |
| Aff. Comm. | <input type="checkbox"/> Credit Received on Loan | | | |

Itemized Contributions Page Total \$ 521.15 \$ 1,471

* 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 | Address | 3. <input type="checkbox"/> Public Officer |
| Address2 | | | Address2 | <input type="checkbox"/> Candidate |
| City | | | City | <input type="checkbox"/> Other Than Candidate Committee Name |
| 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 | Address | 3. <input type="checkbox"/> Public Officer |
| Address2 | | | Address2 | <input type="checkbox"/> Candidate |
| City | | | City | <input type="checkbox"/> Other Than Candidate Committee Name |
| 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 Xpress Printing | Date 1/29/26 | Occupation Employer | Printing | 257.13 |
| Last Name | | | | |
| Address 6231 Gateway Rd | <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 | | | |
| Address2 | | | | |
| City Columbus | | | | |
| State GA | Zip 31909 | | | |
| First Name | Date | Occupation Employer | Occupation Employer | Occupation Employer |
| 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 | | | |
| Address2 | | | | |
| City | | | | |
| State | Zip | | | |
| First Name | Date | Occupation Employer | Occupation Employer | Occupation Employer |
| 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 | | | |
| Address2 | | | | |
| City | | | | |
| State | Zip | | | |

Page Total \$ 257.13

* 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

CFC-CCDR 10/19

| 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"/> 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 \$ _____

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.