

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

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

1. Report Type (Select One)	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Mayor of City of Columbus (Muscogee County)</u> (Include county, municipality, district, post or judicial seat)	Use Earlier of Post Mark or Hand-Delivered Date <i>Steve</i> 01/05/24
<input type="checkbox"/> Original	Filer ID (Filer ID that begins with the letter "C")	
<input type="checkbox"/> Amendment	Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	
Amendment # _____	Filer ID: (Filer ID that begins with the letter "NC")	

3. Identifying and Contact Information

(1) Jaketra Bryant (2) 1/2/2026
 Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 6361 Taloks Lane Suite 140 Columbus GA 31909
 Mailing Address City State Zip Code

(4) _____ and/ or jaketrabryant@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: n/a Jerrimica Moore
 Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

My Non-Election Year	My Election Year	Run-Offs (Report required only if you are in a Run-Off Election)	Special Election
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 31, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> September 30, _____ (year) <input type="checkbox"/> October 25, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before General Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year) <input type="checkbox"/> 6 days before Special Run-Off _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special, _____ (year) <input type="checkbox"/> Dec. 31, _____ (year)
Supplemental Reporting			
<input type="checkbox"/> June 30, _____ (year) <input checked="" type="checkbox"/> December 31, 2025 (year)			

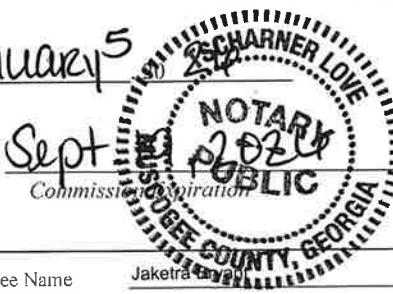
*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34i

State of GeorgiaCounty of MuscogeeI, Jerrimica Moore

, 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 January 5

Secharner Love
Signature of Notary Public

Jerrimica Moore

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	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		905.00
3a	All loans received this reporting period.	0.00	0.00
3b	Interest earned on campaign account this reporting period.	0.00	0.00
3c	Total amount of investments sold this reporting period.	0.00	0.00
3d	Total amount of cash dividends and interest paid out this reporting period.	0.00	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	4023.48
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0.00	4928.48
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		0

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.		
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		
11	Total expenditures reported this period. (Line 9 + 10)		
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		

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)		
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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.

Jaketra Bryant

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

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*:		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 Adrienne	Date 12/12/2025	Occupation n/a		Cash Amt. 100.00	Est. Value 0.00
Last Name Buhacoff			<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		
Address 68 Heartwood Dr					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer n/a	<input type="checkbox"/> Run-Off Special Primary		Description 0.00
City Cataula					
State GA	Zip 31804				
Aff. Comm. n/a					
First Name or Business Name Porshe	Date 10/16/2025	Occupation n/a		Cash Amt. 100.00	Est. Value 0.00
Last Name Smiley			<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		
Address 118 Red Lane Cir					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer n/a	<input type="checkbox"/> Run-Off Special Primary		Description 0.00
City Birmingham					
State AL	Zip 35215				
Aff. Comm. n/a					
First Name or Business Name Myronda	Date 10/13/2025	Occupation n/a		Cash Amt. 100.00	Est. Value 0.00
Last Name Jenkins			<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 160 Oconee Woods					
Address2	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer n/a	<input type="checkbox"/> Run-Off Special Primary		Description 0.00
City Sharpsburg					
State GA	Zip 30277				
Aff. Comm. n/a					

Itemized Contributions Page Total **\$300.00** **\$0.00**

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First Name or Business Name Jarrod	Date 10/10/2025	Occupation n/a	Cash Amt. 100.00	Est. Value 0.00
Last Name Lockhart				
Address 12910 Southwest Zigza				
Address2	<input checked="" type="checkbox"/> Monetary	Employer n/a		Description 0.00
City Beaverton	<input type="checkbox"/> In-Kind			
State OR	<input type="checkbox"/> Common Source			
Zip 97007	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm. n/a				
First Name or Business Name Crystal	Date 10/10/2025	Occupation n/a	Cash Amt. 100.00	Est. Value 0.00
Last Name Davis				
Address 2561 Sibley Dr NE				
Address2	<input checked="" type="checkbox"/> Monetary	Employer n/a		Description 0.00
City Atlanta	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30324	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm. n/a				
First Name or Business Name LaShondra	Date 10/05/2025	Occupation n/a	Cash Amt. 200.00	Est. Value 0.00
Last Name Ervin				
Address 12632 Hidden Oaks Lar				
Address2	<input checked="" type="checkbox"/> Monetary	Employer n/a		Description 0.00
City Henrico, VA 23233	<input type="checkbox"/> In-Kind			
State VA	<input type="checkbox"/> Common Source			
Zip 23233	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm. n/a				
First Name or Business Name Rubyna	Date 09/18/25	Occupation Psych As Ed	Cash Amt. 105.00	Est. Value 0.00
Last Name Abbey				
Address Minkslide Drive				
Address2	<input checked="" type="checkbox"/> Monetary	Employer 0.00		Description 0.00
City Atlanta	<input type="checkbox"/> In-Kind			
State GA	<input type="checkbox"/> Common Source			
Zip 30331	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm. n/a				
Itemized Contributions Page Total			\$ 505.00	\$ 0.00

* 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

Jaketra Bryant

Public Officer/Candidate/Other Than Candidate Committee Name

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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 Vincent	Date 10/14	Occupation *Watkins Group, Vincent Watkins	Campaign management services	500.0
Last Name Watkins		Employer Watkins Group		
Address	<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 Atlanta				
State GA	Zip 20249			
First Name NextDayFlyers	Date 12/04/2026	Occupation VENDOR		133.58
Last Name				
Address 435 N. Midland Ave	<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 N/A		
Address2				
City				
State NJ	Zip 07663			
First Name Yard Sign Plus	Date 12/22/25	Occupation VENDOR		107.77
Last Name				
Address 10511 Kipp Way St	<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 N/A		
Address2 #430				
City Houston,				
State TX	Zip 77099			

3741.3

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

Jaketra Bryant

Public Officer/Candidate/Other Than Candidate Committee Name

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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 \$ _____

Public Officer/Candidate/Other Than Candidate Committee Name _____ Page _____ of _____

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

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

Expenditures of less than \$100 total is \$1,187.13