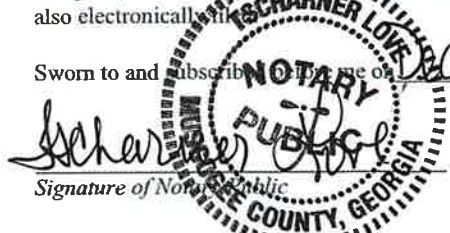


Campaign Contribution Disclosure Report Georgia Government Transparency and Campaign Finance Commission 200 Piedmont Avenue S.E. Suite 1416 West Tower Atlanta, GA 30334 404-463-1980 www.ethics.ga.gov			
1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Muscogee County, District 1-Council</u> <small>(Include county, municipality, district, post or judicial seat)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>		Use Earlier of Post Mark or Hand-Delivered Date <div style="font-size: 2em; text-align: center;">Hwl</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">12/31/25</div>
3. Identifying and Contact Information			
(1) <u>Karen GASKINS 4 Columbus</u> (2) <u>Dec 31, 2025</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date</small>			
(3) <u>PO Box 8406</u> <u>Columbus</u> <u>GA</u> <u>31904</u> <small>Mailing Address City State Zip Code</small>			
(4) <u>706-329-7543</u> and/ or <u>Karen 4Columbus@yahoo.com</u> <small>Primary Contact Phone Number 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>Karen GASKINS</u> <u>Steven Rice</u> <small>Name of Committee Chairperson Name of Committee Treasurer</small>			
4. Period for which you are Reporting You Must Check Only One Box			
My Non-Election Year <input type="checkbox"/> June 30, _____ (year) <input checked="" type="checkbox"/> December 31, <u>25</u> (year)	My Election 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)	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small> <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)	Special Election <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 type="checkbox"/> December 31, _____ (year) <small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-341</small>			
State of <u>Georgia</u> County of <u>Muscogee</u> I, <u>Karen D. Gaskins</u> , being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. 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 to before me on <u>Dec. 31</u> , 20 <u>25</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  Signature of Notary Public </div> <div style="width: 30%; text-align: center;"> <u>Sept. 19, 2029</u> Commission Expiration </div> <div style="width: 30%; text-align: right;"> <u>Karen D. Gaskins</u> a. Signature of Candidate b. Organization/Chairperson/Treasurer </div> </div>			

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 officesought, 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	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0	4300.00
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	2549.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0	6849.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	0	6849.00

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	3822.18
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	138.35
11	Total expenditures reported this period. (Line 9 + 10)	0	3960.53
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		3960.53

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)		2888.47
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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>Primary - Non Partisan</u> Election Year: <u>2026</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	<u>0</u>
2	Loans received this reporting period.	<u>0</u>
3	Deferred payment of expenses this reporting period	<u>0</u>
4	Payments made on loans this reporting period.	<u>0</u>
5	Credits received on loans this reporting period	<u>0</u>
6	Payments this reporting period on previously deferred expenses.	<u>0</u>
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	<u>0</u>

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 Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name or Business Name Alva	Date 8/31/25	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. 150.00	Est. Value 0
Last Name Shirley					
Address PO Box 12163					
Address2 Columbus	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
City GA	<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
State GA	Zip 31917				
Aff. Comm.					
First Name or Business Name Pamela	Date 9/01/25	Occupation Financial Services	<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. 250.00	Est. Value 0
Last Name Moss					
Address 7136 Pinewood Ct.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self Employed			Description
City Columbus	<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
State GA	Zip 31909				
Aff. Comm.					
First Name or Business Name Ethelyn	Date 9/01/25	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 0
Last Name Riley					
Address 3421 Sue Mack Dr					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
City Columbus	<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
State GA	Zip 31906				
Aff. Comm.					

Itemized Contributions Page Total \$ **1,400.00** \$ **0**

CFC-CCDR 10/19

First Name or Business Name Carolyn		Date 9/4/25	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. 1,000.00	Est. Value 0
Last Name Stelzemuller						
Address 368 Burnthickory Way						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
City Fulton		<input type="checkbox"/> In-Kind				
State GA	Zip 31808	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Frank		Date 9/10/25	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. 150.00	Est. Value 0
Last Name Cutler						
Address 4592 Sears Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA	Zip 31907	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Louise		Date 9/11/25	Occupation Teacher	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200.00	Est. Value 0
Last Name Anderson						
Address 4 Granby Court						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Muscogee County School System			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA	Zip 31907	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Ann		Date 9/20/25	Occupation Nurse Practitioner	<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 0
Last Name Newman						
Address 5251 Pine Needle Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Bemis Medical Clinic			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA	Zip 31907	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 1550.00 \$ 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

CFC-CCDR 10/19

First Name or Business Name Dennis		Date 10/11/25	Occupation Accountant	<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. 400.00	Est. Value 0
Last Name Luby						
Address 4612 Bondele Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Dougherty, McKinnon & Luby LLC			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31907		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name George		Date 10/11/25	Occupation operations 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. 200.00	Est. Value 0
Last Name Robinson						
Address 5086 Sedona Ct						
Address2		<input checked="" type="checkbox"/> Monetary	Employer US Army			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31907		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name June		Date 10/21/25	Occupation Director of Nursing	<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 0
Last Name Goyne						
Address 2 Granby CT						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Columbus State University			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31907		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name James		Date 11/19/25	Occupation Sales	<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. 300.00	Est. Value 0
Last Name Crenshaw						
Address 4035 Sears Rd						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Nuvei			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31907		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
Itemized Contributions Page Total \$ 1100.00 \$ 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

CFC-CCDR 10/19

First Name or Business Name Gina		Date 10/07/25	Occupation Financial Advisor	<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. 250.00	Est. Value 0
Last Name Dannelly						
Address 4527 Bondale Dr						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Merrill Lynch			Description
City Columbus		<input type="checkbox"/> In-Kind				
State GA		<input type="checkbox"/> Common Source				
Zip 31907		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<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.	Est. Value
Last Name						
Address						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<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.	Est. Value
Last Name						
Address						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<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.	Est. Value
Last Name						
Address						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City		<input type="checkbox"/> In-Kind				
State		<input type="checkbox"/> Common Source				
Zip		<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.						

Itemized Contributions Page Total \$ **250.00** \$ **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

Public Officer/Candidate/Other Than Candidate Committee Name

Karen Gaskins 4 Columbus Page **7** of **12**

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	
<div style="display: flex; justify-content: space-between;"> Reference: OCGA § 21-5-34(b)(1) Loan Page Total \$ _____ </div>					

* 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 Sam's Club	Date 9/24/25	Occupation Corp.	Mailing Supplies and Postage	1389.81
Last Name				
Address 5448 Whittlescy Rd	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind	Employer		
Address2	<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			
City Columbus				
State GA	Zip 31909			
First Name Express Printing	Date 9/28/25	Occupation Corp.	Yard Signs	815.12
Last Name				
Address 6231 Gateway Rd	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind	Employer		
Address2	<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			
City Columbus				
State GA	Zip 31909			
First Name Express Printing	Date 10/28/25	Occupation Corp.	Yard Signs	1424.32
Last Name				
Address 6231 Gateway Rd	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind	Employer		
Address2	<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			
City Columbus				
State GA	Zip 31909			

Page Total \$ **3629.35**

* 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 Crown Trophy		Date 10/23/25	Occupation Corp.	Expenditure Purpose Campaign SWAG T-shirts	192.93
Last Name					
Address 4617 Armour 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	Employer		
Address2					
City Columbus					
State GA	Zip 31904				
First Name					
Last Name		<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		
Address					
Address2					
City					
State	Zip				
First Name		<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		
Last Name					
Address					
Address2					
City					
State	Zip	<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		
First Name					
Last Name					
Address					
Address2					
City		<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		
State					
Zip					
First Name					
Last Name					
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	Employer		
Address2					
City					
State	Zip				
First Name					
Last Name		<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		
Address					
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 \$ **192.93**

Public Officer/Candidate/Other Than Candidate Committee Name

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State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

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

NO Investments

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.