

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

<b>1. Report Type</b> (Select One)	<b>2. Filing is being made on behalf of (Select One):</b> Candidate or Public Official Office Held or Sought <u>Muscogee County, District 1-Council</u> (Include county, municipality, district, post or judicial seat)	Use Earlier of Post Mark or Hand-Delivered Date <i>Slow</i>
<input checked="" type="checkbox"/> Original	Filer ID (Filer ID that begins with the letter "C")	
<input type="checkbox"/> Amendment <i>Amendment #</i>	Organization or Person Other than Candidate's Campaign Committee Committee Name:	
	Filer ID: (Filer ID that begins with the letter "NC")	<b>12/31/25</b>

## 3. Identifying and Contact Information

(1) <u>Karen Gaskins 4 Columbus</u>	(2) <u>Dec 31, 2025</u>		
Full Name of Candidate or Other Than Candidate Campaign Committee Name	Today's Date		
(3) <u>PO Box 8406</u>	<u>Columbus</u>	<u>GA</u>	<u>31904</u>
Mailing Address	City	State	Zip Code
(4) <u>706-329-7543</u>	and/or	<u>Karen4columbus@yahoo.com</u>	
Primary Contact Phone Number	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? <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> Name of Committee Chairperson		<u>Steven Rice</u> 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 checked="" type="checkbox"/> December 31, <u>25</u> (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)
<b>Supplemental Reporting</b>			
<input type="checkbox"/> June 30, _____ (year) <input type="checkbox"/> December 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

I, Karen D. Gaskins, 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 before me on Dec. 31, 2025

**NOTARY PUBLIC**  
**TSCHARNER LOVE, NOTARY PUBLIC**  
**CHAMBER OF COMMERCE, MUSCOGEE COUNTY, GEORGIA**  
Signature of Notary Public

Sept. 19, 2029

Commission Expiration

*Karen D. Gaskins*

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.	Ø	Ø
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	Ø	4300.00
3a	All loans received this reporting period.		Ø
3b	Interest earned on campaign account this reporting period.		Ø
3c	Total amount of investments sold this reporting period.		Ø
3d	Total amount of cash dividends and interest paid out this reporting period.		Ø
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.	Ø	2549.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	Ø	6849.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	Ø	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.	Ø	Ø
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	Ø	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	Ø	138.35
11	Total expenditures reported this period. (Line 9 + 10)	Ø	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.		Ø
14	Total value of investments held at the end of this reporting period.		Ø

**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>	Amount
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: _____	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 <b>Alva</b>	Date <b>8/31/25</b>	Occupation <b>Retired</b>	<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 Primary	<b>150.00</b>	Est. Value <b>0</b>
Last Name <b>Shirley</b>					
Address <b>PO Box 12163</b>					Description
Address2 <b>Columbus</b>	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <b>Retired</b>			
City <b>GA</b>					
State <b>GA</b>	Zip <b>31917</b>				
Aff. Comm.					
First Name or Business Name <b>Pamela</b>	Date <b>9/01/25</b>	Occupation <b>Financial Services</b>	<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 Primary	<b>250.00</b>	Est. Value <b>0</b>
Last Name <b>Moss</b>					
Address <b>7136 Pinewood Ct.</b>					Description
Address2 <b>Columbus</b>	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <b>Self-employed</b>			
City <b>GA</b>	Zip <b>31909</b>				
Aff. Comm.					
First Name or Business Name <b>Ethelyn</b>	Date <b>9/01/25</b>	Occupation <b>Retired</b>	<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 Primary	<b>1000.00</b>	Est. Value <b>0</b>
Last Name <b>Riley</b>					
Address <b>3421 Sue Mack Dr</b>					Description
Address2 <b>Columbus</b>	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer <b>Retired</b>			
City <b>GA</b>	Zip <b>31906</b>				
Aff. Comm.					

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

First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Carolyn Stelzemuller	9/4/25	Retired	1,000.00	0
Address 368 Burnt Hickory Way				Description
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Fortson	<input type="checkbox"/> In-Kind	Retired		
State GA	<input type="checkbox"/> Common Source			
Zip 31808	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
Frank Cutler	9/10/25	Retired	150.00	0
Address 4592 Sears Rd				Description
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Columbus	<input type="checkbox"/> In-Kind	Retired		
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	Cash Amt.	Est. Value
Louise Anderson	9/11/25	Teacher	200.00	0
Address 4 Granby Court				Description
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Columbus	<input type="checkbox"/> In-Kind	Muscogee County School system		
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	Cash Amt.	Est. Value
ANN Newman	9/20/25	Nurse Practitioner	200.00	0
Address 5251 Pine Needle Dr				Description
Address2	<input checked="" type="checkbox"/> Monetary	Employer		
City Columbus	<input type="checkbox"/> In-Kind	Bemis Medical Clinic		
State GA	<input type="checkbox"/> Common Source			
Zip 31907	<input type="checkbox"/> Credit Received on Loan			
Aff. Comm.				
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	Date	Occupation	Cash Amt.	Est. Value
Dennis	10/11/25	Accountant	400.00	\$
Luby				0
4612 Bondele Dr				
Monetary	Employer			Description
In-Kind				
Common Source				
Credit Received on Loan				
City	Dougherty, Mckinnon, Luby LLC			
State	GA	Zip	31907	
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
George	10/11/25	operations manager	200.00	\$
Robinson				0
5086 Sedona Ct				
Monetary	Employer			Description
In-Kind				
Common Source				
Credit Received on Loan				
City	US Army			
State	GA	Zip	31907	
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
June	10/21/25	Director of Nursing	200.00	\$
Goyne				0
2 Granby CT				
Monetary	Employer			Description
In-Kind				
Common Source				
Credit Received on Loan				
City	Columbus State University			
State	GA	Zip	31907	
Aff. Comm.				
First Name or Business Name	Date	Occupation	Cash Amt.	Est. Value
James	11/19/25	Sales	300.00	\$
Crenshaw				0
4035 Sears Rd				
Monetary	Employer			Description
In-Kind				
Common Source				
Credit Received on Loan				
City	Nuvei			
State	GA	Zip	31907	
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 <i>Gina</i>	Date <i>10/07/25</i>	Occupation <i>Financial Advisor</i>	<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. <i>250.00</i>	Est. Value <i>0</i>
Last Name <i>Dannelly</i>	Address <i>4527 Bondale Dr</i>	Employer <i>Merrill Lynch</i>		Description	
Address2	<input checked="" type="checkbox"/> Monetary				
City <i>Columbus</i>	<input type="checkbox"/> In-Kind				
State <i>GA</i>	Zip <i>31907</i>	<input type="checkbox"/> Common Source			
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	Employer			
Address2	<input checked="" type="checkbox"/> Monetary				
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
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	Employer			
Address2	<input checked="" type="checkbox"/> Monetary				
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
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	Employer			
Address2	<input checked="" type="checkbox"/> Monetary				
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
Aff. Comm.					
Itemized Contributions Page Total \$ <i>250.00</i> \$ <i>0</i>					

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

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

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

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

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

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

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

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Itemized Expenditures**

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Sam's Club</i>	Date <i>9/24/25</i>	Occupation <i>Corp.</i>	<i>Mailing Supplies and Postage</i>	<i>1389.81</i>
Last Name		Employer		
Address <i>5448 whittlesey blvd</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City <i>Columbus</i>				
State <i>GA</i>	Zip <i>31909</i>			
First Name <i>Express Printing</i>	Date <i>9/28/25</i>	Occupation <i>Corp.</i>	<i>Yard Signs</i>	<i>815.12</i>
Last Name		Employer		
Address <i>6231 Gateway Rd</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City <i>Columbus</i>				
State <i>GA</i>	Zip <i>31909</i>			
First Name	Date <i>10/28/25</i>	Occupation <i>Corp.</i>	<i>Yard Signs</i>	<i>1424.32</i>
Last Name <i>Express Printing</i>		Employer		
Address <i>6231 Gateway Rd</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City <i>Columbus</i>				
State <i>GA</i>	Zip <i>31909</i>			

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

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Crown Trophy</i>	Last Name	Date <i>10/23/25</i>	Occupation <i>Corp.</i>	Campaign <i>SWAG</i> <i>T-shirts</i>	<i>192.93</i>
Address <i>4617 Armour Rd</i>	Address2	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City <i>Columbus</i>	State <i>GA</i>	Zip <i>31904</i>			
First Name	Last Name	Date	Occupation		
Address	Address2	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City	State	Zip			
First Name	Last Name	Date	Occupation		
Address	Address2	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
City	State	Zip			
First Name	Last Name	Date	Occupation		
Address	Address2	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
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*

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Investments Statement**

NO Investment)

**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.