

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>City Councilperson</u> (Include county, municipality, district, post or judicial seat)	Use Earlier of Post Mark or Hand-Delivered Date <i>Store</i> 01/08/26
<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	Filer ID: <u>C851882</u> (Filer ID that begins with the letter "C") Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ (Filer ID that begins with the letter "NC")	

3. Identifying and Contact Information

- (1) Dr. John D. Van Doorn (2) January 7, 2026
 Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date
- (3) PO Box 250 Fortson GA 31808
 Mailing Address City State Zip Code
- (4) (706) 615-5635 and/ or electjohnvandoornfor@gmail.com
 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? Yes No

(6) If yes, is the committee registered with the Commission? Yes No

(7) If yes, complete the following: Dr. John D. Van Doorn Ashley Anglin
 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 checked="" type="checkbox"/> December 31, <u>2025</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)
Supplemental Reporting <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. § 21-5-3(d)

State of Georgia

County of Muscogee

I, Ashley Anglin, being duly sworn (affirm), depose and say that the information in this report is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic version of this report, which was also electronically filed.

Sworn to and subscribed before me on JAN. 7, 2026

Tiranna Hunter
Signature of Notary Public

9-19-2028
Commission Expiration

Ashley Anglin
a. Signature of Candidate
b. Organization Chairperson



State of Georgia
Campaign Contribution Disclosure Report
Summary Report
CONTRIBUTIONS RECEIVED

1	I have no contributions to report. ■ 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	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	2,000.00	7,500.00
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	432.72
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	0	7,932.72
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	2,000.00	7,932.72

EXPENDITURES MADE

7	I have no expenditures to report. ■ I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	0	0
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	0	6,293.03
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	167.24
11	Total expenditures reported this period. (Line 9 + 10)	0	6,460.27
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	0	6,460.27

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)	2,000.00	1,472.45
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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

CFC-CCDR 10/19

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>General</u>		Election Year: <u>2026</u>	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		0
2	Loans received this reporting period.		0
3	Deferred payment of expenses this reporting period		0
4	Payments made on loans this reporting period.		0
5	Credits received on loans this reporting period		0
6	Payments this reporting period on previously deferred expenses.		0
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		0
Election Cycle*: _____		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		
					Description		
First Name or Business Name John	Date 12/8/2025	Occupation retired controller at Cox Enterprises		Cash Amt. 1,000.00	Est. Value		
Last Name Rouse, Jr.			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special				
Address 1115 Vintage Club Dr.		Employer	<input type="checkbox"/> Run-Off Special Primary		Description		
Address2	<input checked="" type="checkbox"/> Monetary						
City Johns Creek	<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan						
State GA	Zip 30097-5915						
Aff. Comm.							
First Name or Business Name Lissa	Date 12/18/2025	Occupation speech pathologist/ audiologist		Cash Amt. 200.00	Est. Value		
Last Name Grounsell			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special				
Address 11010 Belle Rose Circle		Employer	<input type="checkbox"/> Run-Off Special Primary		Description		
Address2	<input checked="" type="checkbox"/> Monetary						
City Shreveport	<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan						
State LA	Zip 71106						
Aff. Comm.							
First Name or Business Name Dr. John D.	Date 9/8/2025	Occupation Candidate		Cash Amt. 600.00	Est. Value		
Last Name Van Doorn			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary				
Address 546 Front Ave.		Employer	<input type="checkbox"/> Run-Off Special Primary		Description		
Address2	<input checked="" type="checkbox"/> Monetary						
City Columbus	<input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan						
State GA	Zip 31901-3119						
Aff. Comm.							

Itemized Contributions Page Total \$ 1,800.00 \$ 0

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First Name or Business Name Dr. John D.	Date 10/7/2025	Occupation Candidate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 3,500.00	Est. Value
Last Name Van Doorn					
Address 546 Front Ave.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	Zip 31901-3119	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Dr. John D.	Date	Occupation Candidate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2,200.00	Est. Value
Last Name Van Doorn					
Address 546 Front Ave.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	Zip 31901-3119	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			
First Name or Business Name Ride on Bikes	Date 11/28/2025	Occupation Bike retailer	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value 2,000.00
Last Name					
Address 1036 Broadway					
Address2	<input type="checkbox"/> Monetary	Employer Ride on Bikes			Description bike
City Columbus	<input checked="" type="checkbox"/> In-Kind				
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	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State GA	Zip 31901	<input type="checkbox"/> Common Source			
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan			

* 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

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 Xpress Printing	Date 10/27/2025, 11/10/2025, & 12/17/2025	Occupation Printing	Printing campaign materials	1,446.02
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	Employer Xpress Printing		
Address2				
City Columbus				
State GA	Zip 31909			
First Name Ride on Bikes	Date 11/28/2025	Occupation Bike retailer	Purchased bike for campaigning	680.00
Last Name				
Address 1036 Broadway	<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 Ride on Bikes		
Address2				
City Columbus				
State GA	Zip 31901			
First Name The Food Mill	Date 11/7/2025	Occupation Restaurant	Catering	478.18
Last Name				
Address 3718 2nd Ave. Ste. A	<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 The Food Mill		
Address2				
City Columbus				
State GA	Zip 31904			

Page Total \$ 2,604.20

* 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

FEC CCR 10/19

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Cody	Date 12/3/2025	Occupation Political consultant and fundraiser	Campaign manager	1,950.00
Last Name Collyer				
Address 1317 37th Street	<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 Muscogee County Democratic Committee		
Address2				
City Columbus				
State GA	Zip 31904			
First Name Joseph	Date 10/7/2025	Occupation Graphic designer	Design work on logo and campaign literature	1,000.00
Last Name Melancon				
Address 1914 Marilon Dr.	<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 Self-employed		
Address2				
City Columbus				
State GA	Zip 31906			
First Name Samuel	Date 10/26/2025	Occupation Student	Social media campaign consulting	350.00
Last Name Whitt				
Address 6600 Kitten Lake Dr.	<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 Student/self-employed		
Address2				
City Midland				
State GA	Zip 31820			
First Name The T-Shirt House	Date 11/25/2025	Occupation T-Shirt printing	Campaign T-shirts	109.50
Last Name				
Address 4418 Hamilton 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 The T-Shirt House		
Address2				
City Columbus				
State GA	Zip 31904			

* 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 \$ 3,409.50

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List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Deluxe Business Systems	Date 9/12/2025	Occupation Business products	Order checks	129.33
Last Name				
Address 801 S. Marquette 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 Deluxe Business Systems		
Address2				
City Minneapolis				
State MN	Zip 55401			
First Name VFW Post 665	Date 10/22/2025	Occupation VFW Post	Facility rental	150.00
Last Name				
Address 1824 Victory Dr.	<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 VFW Post 665		
Address2				
City Columbus				
State GA	Zip 31901			
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 GA	Zip 31901			
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 GA	Zip 31901			
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 GA	Zip 31901			

* 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 \$ 279.33

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			
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold
			Profit
			Loss
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			
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold
			Profit
			Loss
<u>Total value of investments at beginning of reporting period \$</u>		Page Total Cash Dividends: \$ <u>0</u>	
<u>Total value of investments at end of reporting period \$</u>		Page Total Interest Paid Out: \$ <u>0</u>	
<u>Total difference in value \$</u>		Page Total Profit: \$ <u>0</u>	
		Page Total Loss: \$ <u>0</u>	

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.

Dr. John D. Van Doorn

Public Officer/Candidate/Other Than Candidate Committee Name

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