

Campaign Contribution Disclosure Report State Ethics Commission

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

1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>Columbus GA, City Council- District 9</u> <small>(Include county, municipality, district, post or judicial seat)</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	Use Earlier of Post Mark or Hand-Delivered Date <div style="font-size: 2em; text-align: center;">Shore</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">6/10/26</div>
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3. Identifying and Contact Information

(1) John Anker for Columbus Council 9 (2) 6/10/2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) PO Box 6448 Columbus, GA 31917
Mailing Address City State Zip Code

(4) (706) 464-7599 and/ or johnan@ankerpak.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: John Anker | Lacey Umphress
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box


Supplemental Reporting	Filing Schedule	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (year)	<input type="checkbox"/> January 31, _____ (year) <input type="checkbox"/> April 30, _____ (year) <input type="checkbox"/> July 31, _____ (year) <input type="checkbox"/> October 20, _____ (year)	<input type="checkbox"/> 6 days before Primary Run-off _____ (year) <input checked="" type="checkbox"/> 6 days before General Run-off, 2026 _____ (year) <input type="checkbox"/> 6 days before Special Primary Run-off _____ (year) <input type="checkbox"/> 6 days before Special General Run-off, _____ (year)	<input type="checkbox"/> 15 days before Special Primary, _____ (year) <input type="checkbox"/> 15 days before Special General _____, (year) <input type="checkbox"/> Dec. 31, _____ (year)

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

State of Georgia County of Muscogee

I, Lacey Umphress, 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 June 10, 2026



Heather Shore
Signature of Notary Public

Sept. 19, 2029
Commission Expiration

Lacey Umphress
a. Signature of Candidate
b. Organization/Chairperson/Treasurer

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

		In-Kind Estimated Value	Cash Amount
1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:		
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.		43631.58
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		16850
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
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		16850
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		60,481.58
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.		18720.28
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		27008.17
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		577.97
11	Total expenditures reported this period. (Line 9 + 10)		27586.14
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		46306.42
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)		14175.16

* 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.

John Anker for Columbus Council 9

**State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness**

Election Cycle*: _____ 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>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>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 (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 Kenneth Last Name Powell Address 2404 Techwood Dr. Address2 City Columbus State GA Zip 31906 Aff. Comm.	Date 4/25/2025	Occupation Retired Employer 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. 250	Est. Value Description
First Name or Business Name Shep Last Name Mullin Address 807 Double Churches Rd Address2 City Columbus State GA Zip 31904 Aff. Comm.	Date 5/27/2026	Occupation Real Estate Ag Employer Century 21	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 300	Est. Value Description
First Name or Business Name Lawrence Kelts Last Name Green Address 7101 Hoff St. #9240 Address2 City Fort Benning State GA Zip 31905 Aff. Comm.	Date 4/27/2025	Occupation Dentist Employer Green, Lawrence, Kelts, DDS	<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	Est. Value Description

Itemized Contributions Page Total \$ **700** \$

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 checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Lynda Alford 6919 Marina Cove Ct Columbus, GA 31904	5/25/2026	Retired		1000	
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer		Description
			Retired		
Bradley Jones 2520 Nancy Street Columbus, GA 31906	5/26/2026	Executive		500	
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer		Description
			Brock Jones, Inc		
Claude Scarbrough 6921 Marina Cove Ct. Columbus, GA 31904	5/21/2026	Retired		1000	
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer		Description
			Retired		
Graystone, LLC PO BOX 2666 Columbus, GA 31904	5/24/2026	Property management company		500	
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			Employer		Description
			Graystone, LLC		

Itemized Contributions Page Total \$ 3000 \$

* 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

First Name or Business Name	Date	Occupation	Election Cycle	Cash Amt.	Est. Value
David Erickson 4 Bradley Park Ct #1h Columbus, GA 31904	6/2/2026	Real Estate Agent	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General	1000	
Will White 7206 Schomburg Rd Columbus, GA 31909	6/2/2026	Managing Member	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	500	
Steve Anthony 5977 Whitesville Rd Suite 23 Columbus, GA 31904	6/2/2026	Business Owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250	
James Blanchard 6001 River Road Suite 100 Columbus, GA 31904	6/2/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000	

Itemized Contributions Page Total \$ **2750** \$

* 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

First Name or Business Name		Date	Occupation	Election Cycle		Cash Amt	Est. Value
5th Avenue Painting		6/1/2026	Painter	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General		500	
Last Name				<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Description
Address			Employer				
6751 Beaver Trail			Business Owner				
Address2		<input checked="" type="checkbox"/> Monetary					
City Columbus		<input type="checkbox"/> In-Kind					
State Zip		<input type="checkbox"/> Common Source					
GA 31820		<input type="checkbox"/> Credit Received on Loan					
Aff. Comm.							
David and Deyka		5/26/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General		1500	
Last Name				<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Description
Smith			Retired				
Address							
4422 Randall Dr.							
Address2		<input checked="" type="checkbox"/> Monetary					
City Columbus		<input type="checkbox"/> In-Kind					
State Zip		<input type="checkbox"/> Common Source					
GA 31904		<input type="checkbox"/> Credit Received on Loan					
Aff. Comm.							
Thomas K.		6/1/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General		750	
Last Name				<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Description
Kendrick, Jr.			Retired				
Address							
Address2		<input checked="" type="checkbox"/> Monetary					
City Columbus		<input type="checkbox"/> In-Kind					
State Zip		<input type="checkbox"/> Common Source					
GA 31904		<input type="checkbox"/> Credit Received on Loan					
Aff. Comm.							
Lisa		6/2/2026	Business Owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General		200	
Last Name				<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary			Description
White			Chattahoochee Pallets				
Address							
9008 River Rd.							
Address2		<input checked="" type="checkbox"/> Monetary					
City Columbus		<input type="checkbox"/> In-Kind					
State Zip		<input type="checkbox"/> Common Source					
GA 31904		<input type="checkbox"/> Credit Received on Loan					
Aff. Comm.							
Itemized Contributions Page Total \$						2950	\$

* 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

First Name or Business Name	Date	Occupation		Cash Amt	Est. Value
Tracy	6/2/2026	Executive	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General	500	
Last Name Sayers					
Address 871 Graystone Drive,					
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source	Pezold Manage			
Zip 31904	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Jim	Date 6/2/2026	Occupation Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General	Cash Amt 250	Est. Value
Last Name Buntin					
Address 4722 Maple Ridge Trl.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind	Retired			
State GA	<input type="checkbox"/> Common Source				
Zip 31909	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Jack	Date 6/2/2026	Occupation Doctor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General	Cash Amt 200	Est. Value
Last Name Sherrer, M.D					
Address 2206 Slate Ave,					
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind	Occupational Medicine of Columbus			
State GA	<input type="checkbox"/> Common Source				
Zip 31906	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Shane	Date 6/2/2026	Occupation Cardiologist	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General	Cash Amt 1000	Est. Value
Last Name Darrah					
Address 2121 Warm Springs Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
City Columbus	<input type="checkbox"/> In-Kind	Southeastern Cardiology			
State GA	<input type="checkbox"/> Common Source				
Zip 31904	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 1950 \$

* 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

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Tracy Last Name: Sayers Address: 871 Graystone Drive Address2: _____ City: Columbus State: GA Zip: 31904 Aff. Comm.: _____	5/21/2026	Executive	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000	
Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer: Pezold Manage Description: _____			
Bill Last Name: Becker Address: 1317 Virginia St Address2: _____ City: Columbus State: GA Zip: 31901 Aff. Comm.: _____	5/22/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250	
Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer: Retired Description: _____			
William and Louise Last Name: Smith Address: 112 Longleaf Way Address2: _____ City: Pine Mountain State: GA Zip: 31822 Aff. Comm.: _____	5/21/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250	
Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer: Retired Description: _____			
William Last Name: Sanders Address: 100 Springs Harbor Dr Address2: _____ City: Columbus State: GA Zip: 31904 Aff. Comm.: _____	5/25/2024	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250	
Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Employer: Retired Description: _____			
Itemized Contributions Page Total \$				1750	\$ _____

* 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

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
John Last Name Wells Address 5908 Catalina Dr Address2 City Columbus State GA Zip 31909 Aff. Comm.	6/10/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	200	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
			Retired		
Mack or Pam Last Name Gouge Address 8839 Greenleaf Dr. Address2 City Columbus State GA Zip 31904 Aff. Comm.	6/3/2026	Retired	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	250	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
			Retired		
Linda Last Name Shinkle Address 2409 Craigston Drive Address2 Suite 23 City Columbus State GA Zip 31906 Aff. Comm.	6/2/2026	Business Owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	300	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
			Steven Anthony Contruction		
Marlene and Joseph Last Name Mackel Address 15914 Manor Club Dr. Address2 City Alpharetta State GA Zip 30004 Aff. Comm.	6/2/2026	Doctor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000	
			<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Description
			Comerstone Surgicare		
Itemized Contributions Page Total \$				1750	\$

* 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

First Name or Business Name	Date	Occupation	Primary General Special Special Primary Run-Off Primary Run-Off General	Cash Amt.	Est. Value
John Last Name Thayer Sr. Address 1812 Carter Ave Address2 City Columbus State GA Zip 31906 Aff. Comm.	6/10/2026	Business Owner Employer Thayer Constru	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General	1000	
			<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan					
<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary					
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	6/10/2026	Business Employer BPAC	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input checked="" type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	1000	
<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan					
			<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary		Description
* 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					
Itemized Contributions Page Total \$ 2000					

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 Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 5/12/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Campaign Supplies	146.61
First Name Xpress Printing Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 5/22/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Political Letters /Campaign Supplies	4020.84
First Name USPS Last Name Address 1179 Henry Ave Address2 City Columbus State GA Zip 31906	Date 5/28/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Campaign Supplies: Stamps	390.00

Page Total \$ **4557.45**

* 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

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 Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 5/28/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Campaign Supplies	453.77
First Name Xpress Printing Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 5/29/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Political Letters /Campaign Supplies	7779.03
First Name Garrett Last Name Cottle Address 1201 Front Avenue Ste N Address2 City Columbus State GA Zip 31901	Date 5/28/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Campaign Podcast	1450.00

Page Total \$ **9682.80**

* 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

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 Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 6/02/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Political Letters /Campaign Supplies	11709.34
First Name Xpress Printing Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 5/29/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Campaign Supplies	107.47
First Name Xpress Printing Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 6/2/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Yard Signs/Campaign Supplies	777.06

Page Total \$ 12593.87

* 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

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 Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909	Date 6/04/2026 <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Political Letters /Campaign Supplies	174.05
First Name Last Name Address Address2 City State Zip	Date <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer		
First Name Last Name Address Address2 City State Zip	Date <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"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer		

Page Total \$ **174.05**

* 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

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>	Page Total Cash Dividends: \$ _____
<u>Total value of investments at end of reporting period \$</u>	Page Total Interest Paid Out: \$ _____
<u>Total difference in value \$</u>	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.

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