

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

| | | |
|--|--|--|
| <p>1. Report Type (Select One)</p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p> | <p>2. Filing is being made on behalf of (Select One):</p> <p>Candidate or Public Official Office Held or Sought <u>City Councilor for District 5</u> <small>(Include county, municipality, district, post or judicial seat)</small></p> <p>Organization or Person Other than Candidate's Campaign Committee Committee Name: _____</p> | <p>Use Earlier of Post Mark or Hand-Delivered Date</p> <p style="font-size: 2em; text-align: center;">Shore</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.5em;">5/4/20</div> |
|--|--|--|

3. Identifying and Contact Information

(1) Charmaine Crabb (2) 05/04/2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 3237 Maricopa Dr Columbus GA 31907
Mailing Address City State Zip Code

(4) 706-392-6116 and/ or ckcrabbb@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: _____
Name of Committee Chairperson Name of Committee Treasurer

James Q. Shytle

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 checked="" 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 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 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. § 21-5-34i

State of Georgia County of Muscogee

I, Charmaine Crabb, 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 submitted.

Sworn to and subscribed before me on May 4, 2020



Shore
Commission Expiration

James Q. Shytle
a. Signature of Candidate
b. Organization/Chairperson/Treasurer

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

| 1 | <input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report: | In-Kind Estimated Value | Cash Amount |
|----|---|----------------------------|-------------|
| 2 | A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns. | 0 | 10,872.20 |
| 3 | Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page. | 0 | 8,050.00 |
| 3a | All loans received this reporting period. | | 360.00 |
| 3b | Interest earned on campaign account this reporting period. | | 0.00 |
| 3c | Total amount of investments sold this reporting period. | | 0.00 |
| 3d | Total amount of cash dividends and interest paid out this reporting period. | | 0.00 |
| 4 | Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page. | 0 | 105.00 |
| 5 | Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4) | 0 | 8,515.00 |
| 6 | Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5) | 0 | 19,387.20 |

EXPENDITURES MADE

| | | | |
|----|--|---|-----------|
| 7 | <input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report: | | |
| 8 | Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report. | 0 | 4,719.99 |
| 9 | Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page. | 0 | 5849.71 |
| 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 | 261.94 |
| 11 | Total expenditures reported this period. (Line 9 + 10) | 0 | 6,111.65 |
| 12 | Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11) | 0 | 10,831.64 |

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) | | |
|----|--|--|--|

* 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.

Charmaine Crabb

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

| Election Cycle*: <u>May</u> Election Year: <u>2026</u> | | <u>Amount</u> |
|--|--|---------------|
| 1 | Outstanding indebtedness at the beginning of this reporting period. | 1,113.20 |
| 2 | Loans received this reporting period. | 360.00 |
| 3 | Deferred payment of expenses this reporting period | 0.00 |
| 4 | Payments made on loans this reporting period. | 0.00 |
| 5 | Credits received on loans this reporting period | 0.00 |
| 6 | Payments this reporting period on previously deferred expenses. | 0.00 |
| 7 | Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6) | 1,473.20 |
| Election Cycle*: _____ Election Year: _____ | | <u>Amount</u> |
| 1 | Outstanding indebtedness at the beginning of this reporting period. | |
| 2 | Loans received this reporting period. | |
| 3 | Deferred payment of expenses this reporting period | |
| 4 | Payments made on loans this reporting period. | |
| 5 | Credits received on loans this reporting period | |
| 6 | Payments this reporting period on previously deferred expenses. | |
| 7 | Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6) | |
| Election Cycle*: _____ Election Year: _____ | | <u>Amount</u> |
| 1 | Outstanding indebtedness at the beginning of this reporting period. | |
| 2 | Loans received this reporting period. | |
| 3 | Deferred payment of expenses this reporting period | |
| 4 | Payments made on loans this reporting period. | |
| 5 | Credits received on loans this reporting period | |
| 6 | Payments this reporting period on previously deferred expenses. | |
| 7 | Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6) | |

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

| Full Name of Contributor Mailing Address (Affiliation of Committee if any) | Contributor | | Election Cycle** | Cash Amount | In-Kind Contributions |
|---|---|---|---|----------------|-------------------------------|
| | Received Date Contribution Type* | Occupation & Employer | | | Estimated Value |
| | | | | | Description |
| First Name or Business Name David Last Name Erickson Address 2301 Airport Thruway Address2 Suite F6 City Columbus State GA Zip 31904 Aff. Comm. | Date 02/12/2026 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Occupation Builder Employer Self Employed | <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 Primary | 2000.00 | Est. Value Description |
| First Name or Business Name Erin Last Name Bouthillier Address 64 Williams Rd Address2 City Midland State GA Zip 31820 Aff. Comm. | Date 03/24/2026 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Occupation Consultant Employer Consolidated Resources, LLC | <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 Primary | 500.00 | Est. Value Description |
| First Name or Business Name Pete Last Name Berry Address 2455 Address2 Craigston Dr City Columbus State GA Zip 31906 Aff. Comm. | Date 02/27/2026 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Occupation Self Employed Employer VSA Home Security | <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 Primary | 500.00 | Est. Value Description |

Itemized Contributions Page Total \$ **3,000.00** \$ _____

| First Name or Business Name | Date | Occupation | | Cash Amt | Est. Value |
|--|------------|------------|---|----------|-------------|
| Jimmi Last Name: McCarty Address: 2730 Camille Dr Address2: City: Columbus State: GA Zip: 31909 Aff. Comm.: | 02/27/2026 | 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 | 250.00 | |
| Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | | | Employer | | Description |
| Hayley Last Name: Hays Address: 1004 King Place Address2: City: Columbus State: GA Zip: 31904 Aff. Comm.: | 03/02/2026 | Realtor | <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 | 750.00 | |
| Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | | | Employer: Champions Realty | | Description |
| Fife Last Name: Whiteside Address: P.O. Box 5383 Address2: City: Columbus State: GA Zip: 31906 Aff. Comm.: | 03/07/2026 | Attorney | <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 | 100.00 | |
| Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | | | Employer: Self Employed | | Description |
| Ken Last Name: Henson Address: P.O. Box 2666 Address2: City: Columbus State: GA Zip: 31902 Aff. Comm.: | 03/18/2026 | Attorney | <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 | 200.00 | |
| Address2: <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | | | Employer: Summerstone LLC | | Description |
| Itemized Contributions Page Total \$ | | | | 1,300.00 | \$ |

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

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

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

Charmaine Crabb

| First Name or Business Name | Date | Occupation | | Cash Amt. | Est. Value |
|--|-------------------|-------------------|---|-----------------|--------------------|
| Bea Last Name: Wallace Address: Address2: 570 Lee Road City: Salem State: AL Zip: 36874 Aff. Comm. | 03/20/2026 | Realtor | <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 | 250.00 | |
| | | | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer | Description |
| | | | Champions | | |
| Murray Last Name: Calhoun Address: Address2: City: Columbus State: GA Zip: 31906 Aff. Comm. | 03/25/2026 | Realtor | <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 | 100.00 | |
| | | | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer | Description |
| | | | Flournoy & Calhoun Realty | | |
| Laura Last Name: Chandler Address: Address2: City: Columbus State: GA Zip: 31909 Aff. Comm. | 03/28/2026 | 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 | 100.00 | |
| | | | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer | Description |
| | | | | | |
| Georgia Association of Realtors Last Name: Political Action Committee Address: Address2: Suite 200 City: Atlanta State: GA Zip: 30328 Aff. Comm. | 04/10/2026 | 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 | 3300.00 | |
| | | | <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan | Employer | Description |
| | | | | | |
| Itemized Contributions Page Total \$ | | | | 3,750.00 | \$ |

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

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

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

Charmaine Crabb

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.) Charmaine | 1. 3/02/2026 | First Name Campaign to Elect Charmaine Crabb | 1. Realtor |
| Lender Last Name Crabb | 2. 360.00 | Last Name | 2. Champions Realty |
| Address 3237 Maricopa Dr | 3. <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary | Address 3237 Maricopa Dr | 3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name |
| Address2 | | Address2 | |
| City Columbus | | City Columbus | |
| State GA Zip 31907 | | State GA Zip 31907 | |
| 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 \$ <u>360.00</u> |

* 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 Inc. Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909 | Date 02/04/2026 <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 | Road Signs | 225.52 |
| First Name Double M. Marketing Last Name Address P.O. Box 903 Address2 City Fortson State GA Zip 31808 | Date 02/05/2026 <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 | Billboards and Social Media | 1,550.00 |
| First Name Double M. Marketing Last Name Address P.O. Box 903 Address2 City Fortson State GA Zip 31808 | Date 02/18/2026 <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 | TV Advertising | 500.00 |

Page Total \$ **2,275.52**

* 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

Charmaine Crabb

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 Double M. Marketing Last Name Address Address2 P.O. Box 903 City Fortson State GA Zip 31808 | Date 03/05/2026 <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 | Billboard Ad and Social Media | 350.00 |
| First Name Xpress Printing Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909 | Date 03/25/2026 <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 | Direct Mail | 1,061.10 |
| First Name Xpress Printing Last Name Address Address2 6231 Gateway Rd City Columbus State GA Zip 31909 | Date 03/31/2026 <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 | Direct Mail | 295.93 |

Page Total \$ **1,707.03**

* 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

Charmaine Crabb

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 Double M. Marketing Last Name Address P.O. Box 903 Address2 City Fortson State GA Zip 31808 | Date 04/05/2026 <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 | Digital Billboard | 1,300.00 |
| First Name Xpress Printing Last Name Address 6231 Gateway Rd Address2 City Columbus State GA Zip 31909 | Date 04/29/2026 <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 | Postcards | 567.16 |
| 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 \$ **1,867.16**

* 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

Charmaine Crabb

State of Georgia Campaign Contribution Disclosure Report Investments Statement

| | |
|---|---|
| 1. Investment Name NONE | 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 | | | | | |
|-------------------------|-----------------------------------|-------------------------------|--------------------------|--------|------|
| Date | Person(s) Involved in Transaction | Value of investment purchased | Value of investment sold | Profit | Loss |
| | | | | | |

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

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.

Nothing Follows.