

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

<p><b>1. Report Type</b> <small>(Select One)</small></p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment # _____</p>	<p><b>2. Filing is being made on behalf of (Select One):</b></p> <p><b>Candidate or Public Official</b> Office Held or Sought: <u>City Council</u> <small>(Include county, municipality, district, post or judicial seat)</small></p> <p><b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: <u>Chiara Richardson for District 7</u></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;">5/7/26</div>
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**3. Identifying and Contact Information**

(1) Chiara Nicole Richardson (2) May 6, 2026  
*Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date*

(3) 4519 Woodruff Road Unit 4 #101 Columbus, GA 31904  
*Mailing Address City State Zip Code*

(4) \_\_\_\_\_ and/ or info@chiarafordistrict7.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: Barbara Chambers Laticia Sharp-Frazier  
*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 checked="" type="checkbox"/> April 30, 2026 (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, Chiara Richardson, being duly sworn (affirm), depose and say that the information in this report form is 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 May 7, 2026

TSCHARNER SHORE Sept. 19, 2029 \_\_\_\_\_  
Signature of Notary Public Commission Expiration

\_\_\_\_\_ CPM  
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	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	\$671.50	\$3350.00
3a	All loans received this reporting period.		\$1780.45
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
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	\$260.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	\$671.50	\$5390.45
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)	\$671.50	\$5390.45
<b>EXPENDITURES MADE</b>			
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.	0.00	0
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$671.50	\$3429.57
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	\$603.91
11	Total expenditures reported this period. (Line 9 + 10)	\$671.50	\$4033.48
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$671.50	\$4033.48
<b>INVESTMENTS</b>			
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
<b>TOTAL NET BALANCE ON HAND</b>			
15	Net balance on hand. (Line 6 - 12 + 14)	0	\$1356.97

\* 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 12/2025

<b>State of Georgia Campaign Contribution Disclosure Report Outstanding Indebtness</b>		
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.	\$1780.45
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)	\$1780.45
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
	Contribution Type*				Description
First Name or Business Name Barbara Last Name Chambers Address 670 Parkchester Dr Address2 City Columbus State GA      Zip 31907 Aff. Comm.	Date 3/15/2026 4/15/2026	Occupation Not Employed Employer	<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 \$550	Est. Value Description
First Name or Business Name Francys Last Name Johnson Address 51 E Main Street Address2 City Statesboro State GA      Zip 30458 Aff. Comm.	Date 3/14/2026 4/14/2026	Occupation Attorney Employer Davis, Bozeman, Johnson Law	<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 \$750	Est. Value Description
First Name or Business Name Last Name Address Address2 City State Zip Aff. Comm.	Date	Occupation Employer	<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 Description

Itemized Contributions Page Total \$ 1300 \$

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Shirley	3/19/2026	Retired	<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	\$100	
Last Name Garris					
Address 351 Ridgeway Drive					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Cataula	<input type="checkbox"/> In-Kind				
State GA	Zip 31804	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
Leomar	3/20/2026	Not Employed	<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	\$100	
Last Name Herrod					
Address 6056 Golf View Crossing					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Locust Grove	<input type="checkbox"/> In-Kind				
State GA	Zip 30248	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
EbonyJanice	3/21/2026	Not Employed	<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	\$100	
Last Name Moore					
Address 470 Fox Ridge Ct					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Stanley	<input type="checkbox"/> In-Kind				
State GA	Zip 30248	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
Bethrix	3/23/2026	Policy Administrator	<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	\$200	
Last Name Smith					
Address 112 River Overlook					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Forsyth	<input type="checkbox"/> In-Kind	GA Department			
State GA	Zip 31029	of Corrections			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description

Itemized Contributions Page Total \$ 500 \$

\* 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
Diana	3/15/2026	Attorney	<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	\$100	
Last Name Thompson					
Address 1610 Juniper St NW					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Washington	<input type="checkbox"/> In-Kind	DFS			
State DC Zip 20012	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
Ammie	3/17/2026	Registered Nurse	<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	\$300	
Last Name Davis					
Address 54 Halter St					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Fort Leonard Wood	<input type="checkbox"/> In-Kind	Emory St Francis			
State GA Zip 65473	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
Queenetta	3/18/2026	LMT	<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	\$300	
Last Name Richardson					
Address 5324 PO Box					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Columbus	<input type="checkbox"/> In-Kind	DMETA			
State GA Zip 31906	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
Jerome	3/18/2026	Barber	<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	\$100	
Last Name Anderson					
Address 403 Opelika Road					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Auburn	<input type="checkbox"/> In-Kind	Precision Cuts			
State AL Zip 36830	<input type="checkbox"/> Common Source				
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
					Description
Itemized Contributions Page Total				\$ 800	\$

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

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First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Shandra	3/24/2026	Associate Director	<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	\$250	
Last Name					
Herrod					
Address					
17920 Spotted Oak Road					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind	Federal Government			
State VA	Zip 22026				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
HireQuest Direct	4/26/2026		<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		\$171.50
Last Name					
Address					
710 Linwood Blvd					
Address2	<input type="checkbox"/> Monetary	Employer			
City	<input checked="" type="checkbox"/> In-Kind				
State GA	Zip 31903				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
Democratic Party of Georgia	3/10/2026		<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		\$500
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			
City	<input checked="" type="checkbox"/> In-Kind				
State	Zip				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
Democratic Education Action Network			<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	\$500	
Last Name					
Address					
5200 Dallas Highway					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City	<input type="checkbox"/> In-Kind				
State GA	Zip 30127				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ 750 \$ 671.50

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

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

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

### Loan Reporting

Name of Lender & Mailing Address	1. Date of Loan 2. Amount of Loan 3. Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1. Occupation & 2. Place of Employment 3. Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)  Chiara Richardson	1.  multiple	First Name  Chiara Richardson for District 7	1.  Self-employed
Lender Last Name	2.  \$1780.45	Last Name	2.
Address  4519 Woodruff Rd Unit #101	3. <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	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City  Columbus		City	
State GA      Zip    31906		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    \$ <u>1780.45</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 <b>MPH Vision</b>	Date 3/13/2026	Occupation	Yard Signs	<b>\$1367.55</b>
Last Name	3/26/2026	Employer		
Address 115 3rd Avenue Unit 2109	<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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City <b>Bradenton</b>				
State <b>FL</b>		Zip <b>34208</b>		
First Name <b>Columbus Creative Printing</b>	Date 3/16/2026	Occupation	T-shirts	<b>\$615.85</b>
Last Name	4/1/2026	Employer		
Address 1112 MLK Jr. Blvd	<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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2				
City <b>Columbus</b>				
State <b>GA</b>		Zip <b>31906</b>		
First Name <b>Xpress Printing</b>	Date 4/3/2026	Occupation	Doorhangers + Rackcards	<b>\$736.84</b>
Last Name	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address 6231 Gateway Rd				
Address2				
City <b>Columbus</b>				
State <b>GA</b>	Zip <b>31903</b>			

Page Total \$ 2720.24

\* 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 <b>Stickers and Banners</b>	Date 3/13/2026	Occupation	Banners + Signs	<b>\$392.70</b>
Last Name				
Address 3700 Peachtree Crest 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"/> 3 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Duluth				
State      Zip GA              30097				
First Name <b>HireQuest Direct</b>	Date 4/26/2026	Occupation	Event Staff	<b>\$171.50</b>
Last Name				
Address 710 Linwood Blvd	<input type="checkbox"/> Expenditure <input checked="" 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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Columbus				
State      Zip GA              31901				
First Name <b>Democratic Party of Georgia</b>	Date 3/10/2026	Occupation	Votebuilder	<b>\$500</b>
Last Name				
Address	<input type="checkbox"/> Expenditure <input checked="" 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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City				
State      Zip				

\$1064.20

Page Total \$ ~~3000.00~~

\* 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 <b>Office Depot</b> Last Name Address <b>5300 Sidney Blvd</b> Address2 City <b>Columbus</b> State <b>GA</b> Zip <b>31904</b>	Date <b>3/18/2026</b>  <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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Handbills	<b>\$104.64</b>
First Name <b>Publix</b> Last Name Address <b>3201 Macon Rd</b> Address2 City <b>Columbus</b> State <b>GA</b> Zip <b>31906</b>	Date <b>3/17/26</b>  <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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Food + Drink	<b>\$107.29</b>
First Name <b>Women In History Celebration</b> Last Name Address Address2 City <b>Columbus</b> State <b>GA</b> Zip	Date <b>3/30/2026</b>  <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 <sup>rd</sup> Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation  Employer	Donation	<b>\$104.70</b>

Page Total \$ **\$316.63**

\* 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.

[Empty box for Addendum Statement content]