

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>Muscogee, Columbus, Council Post 5</u> <small>(Include county, municipality, district, post or judicial seat)</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	Use Earliest of Post Mark or Hand-Delivered Date <div style="font-size: 2em; color: red; text-align: center;">flore</div> <div style="border: 1px solid black; padding: 5px; text-align: center; color: red; font-weight: bold;">5/3/26</div>
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3. Identifying and Contact Information

(1) Robert Wadkins (2) 4/30/2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) 2132 Wells Drive Columbus GA 31906
Mailing Address City State Zip Code

(4) 706-570-381 and/ or _____
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
Amy Bryan | Jennifer

(7) If yes, complete the following: _____
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) <small>*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</small>	<input type="checkbox"/> January 31, _____ (year) <input checked="" type="checkbox"/> April 30, <u>2026</u> (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)

State of Georgia County of Muscogee

I, Jennifer, 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 30th of April, 20 26

Tameka F Ogletree 10/17/2027
 NOTARY PUBLIC Commission Expiration
 Muscogee County, GEORGIA
 My Commission Expires 10/07/2027

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.		8725.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		14327.0
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)		14327.40
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		23052.40

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.		2298.04
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		11865.99
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		
11	Total expenditures reported this period. (Line 9 + 10)		11865.99
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		14164.03

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)		8888.37
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* O.C.G.A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

Robert *Wadkins*

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

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*: _____ 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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert *Watkins*

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First Name or Business Name	Date	Occupation	<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
First Name or Business Name: Frank Romero's Clothing Last Name: Last Name Address: 908 Overlook Dr. Address2: Columbus City: GA 31906 State: GA Zip: 31906 Aff. Comm.:	2/2/2026	retail business owner	<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	100
		Employer: self employed			Description:
First Name or Business Name: Marquette Last Name: McKnight Address: 214 A 10th St Address2: Columbus City: GA 31901 State: GA Zip: 31901 Aff. Comm.:	2/20/2026	PR	<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	100
		Employer: self employed			Description:
First Name or Business Name: Robert Last Name: Turman Address: 5956 St. Leonards Dr. Address2: Columbus City: GA 31909 State: GA Zip: 31909 Aff. Comm.:	2/24/2026	—	<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	100	100
		Employer: self			Description:
First Name or Business Name: Jill Last Name: Hester Address: 2714 Fleetwood Dr. Address2: Columbus City: GA 31906 State: GA Zip: 31906 Aff. Comm.:	2/15/2026	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	300	300
		Employer: self			Description:
Itemized Contributions Page Total \$ 600 \$ 600					

* 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
Joseph Last Name Brannon Address 1639 Bradley Park Dr. Address2 Ste 500 PMB 212 City Columbus State GA Zip 31904 Aff. Comm.	4/3/2024	District Director Employer U.S. House of Representatives	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	100	100
			<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		Description
Kemmer Law Last Name 820 Broadway Address	4/7/2026	Attorney Employer self	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	250	250
			<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		Description
Scott Last Name Jones Address 1014 14th Street Address2	4/13/2026	owner Employer Service Casket Company	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	500	500
			<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		Description
Scott Last Name Jones Address 1014 14th Street Address2	4/13/2026	owner Employer Service Casket Company	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	500	500
			<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		Description

Itemized Contributions Page Total \$ 1350

* 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
First Name: Paul Last Name: Kilpatrick Address: 6807 Creekvieiw Dr. Address2: City: Columbus State: GA Zip: 31904 Aff. Comm.:	3/20/2026	N/A	<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	200
First Name or Business Name: Last Name: Address: Address2: City: State: GA Zip: 31904 Aff. Comm.:	3/21/2026	N/A	<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	100
First Name or Business Name: Last Name: Address: Address2: City: State: GA Zip: 31901 Aff. Comm.:	3/22/2026	N/A	<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	500
First Name or Business Name: Last Name: Address: Address2: City: State: GA Zip: 31904 Aff. Comm.:	3/22/2026	N/A	<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	1,000	1,000
Itemized Contributions Page Total \$ 1800					

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert Wadkins

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Pierce Last Name: Miller Address: 7200 Britton Dr City: Columbus State: GA Zip: 31904	3/24/2026	self	<input checked="" 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	2500	2500
Address2		Employer	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Ben Last Name: Phillips Address: P.O. Box 2808 City: Columbus State: GA Zip: 31902	4/1/2026	N/A	<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	250
Address2		Employer	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
J. Philip Last Name: Thayer Address: 7053 Winthrop Ct City: Columbus State: GA Zip: 31904	4/1/2026	Real Estate	<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	500
Address2		Employer: Thayer Companies	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Teresa Last Name: Tomlinson Address: 828 Overlook Dr. City: Columbus State: GA Zip: 31906	4/1/2026	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	1500	1500
Address2		Employer: Hall Booth Smith	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		Description
Itemized Contributions Page Total \$					\$ 4600

* 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
Elizabeth Last Name McBride Address 5829 Wittshire Dr. Address2 City Columbus State GA Zip 31909 Aff. Comm.	3/17/2026	Attorney Employer Huff Powell Bailey	25	25
		<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	Description	
Teresa Last Name Tomlinson Address 828 Overlook Dr. Address2 City Columbus State GA Zip 31906 Aff. Comm.	3/19/2026	Attorney Employer Hall Booth Smith	200	200
		<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	Description	
Trip Last Name Tomlinson Address 828 Overlook Dr. Address2 City Columbus State GA Zip 31906 Aff. Comm.	3/19/2026	retired Employer	1400	1400
		<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	Description	
Susan Last Name Bakastni Address 1814 Stark Avenue Address2 City Columbus State GA Zip 31906 Aff. Comm.	3/20/2026	retired Employer	50	50
		<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	Description	

Itemized Contributions Page Total \$ 1675

* 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
Vincent Naman 1967 Old River Rd Fortson GA 31808	3/6/2026	Physician	<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	200
Richard Bishop 609 Broadway Columbus GA 31901	3/6/2026	N/A	<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	200
Andrew Rothschild 864 Peachtree Dr. Columbus GA 31906	3/10/2026	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	100
Laral Moore 7217 Wrenwood Dr. Columbus GA 31909	3/17/2026	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	250	250
Tucker Ford P.C. Itemized Contributions Page Total \$					\$750

* 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
Michael Morrill 712 1st Avenue Columbus GA 31901	2/17/2026	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	200	200
Address2		Employer		Description	
City		DOJ			
State					
Zip					
Aff. Comm.					
Ben Wallace 1412 Fall Branch Dr. Columbus GA 31904	2/20/2026	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	100
Address2		Employer		Description	
City		Wadkins & Wallace			
State					
Zip					
Aff. Comm.					
Jennifer Bickerstaff 2605 Lookout Drive Columbus GA 31906	2/24/2026	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	200	200
Address2		Employer		Description	
City		United Lay			
State					
Zip					
Aff. Comm.					
Lee Norred 8567 Creekside Dr. Columbus GA 31904	3/4/2026	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	200	200
Address2		Employer		Description	
City					
State					
Zip					
Aff. Comm.					
Itemized Contributions Page Total \$				\$ 700	

* 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
Michael Last Name Smith	2/9/2026	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	100
Address 1475 Millington Rd					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus	<input type="checkbox"/> In-Kind	Self			
State GA	<input type="checkbox"/> Common Source				
Zip 31904	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
David Last Name Rayfield	2/10/2026	Lawyer	<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	250
Address 1703 Park Drive					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Wladimir Mullin + Callahan, LLC			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31906	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Paul Last Name Terneggen	2/11/2026	Lawyer	<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	250
Address 6807 Riverbrook Trg					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Page Scranton			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31904	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Jay Last Name Hecht	2/13/2026	N/A	<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	250
Address 2868 Techwood Dr					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 31906	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 850

* 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
Heath Last Name Schordelmayer Address 887 Peachtree Dr. Address2 City Columbus State GA Zip 31906 Aff. Comm.	2/4/2026	Banker	<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	52.40	52.40
			Employer Individual		Description
David Last Name Helmick Address 111 12th Street Address2 3rd Floor City Columbus State GA Zip 31901 Aff. Comm.	2/6/2026	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	250	250
			Employer Waldrep, Mullin + Callahan, LLC		Description
Clair Last Name Wynn Thayer Address 6528 Standing Bay Rd Address2 City Columbus State GA Zip 31904 Aff. Comm.	2/7/2026	Luxury Travel Advisor	<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	200
			Employer Columbus Travel Bureau		Description
Philip Last Name Wynn Address P.O. Box 80 Address2 Columbus City State GA Zip 31902 Aff. Comm.	2/8/2026	Executive	<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	1,000	1,000
			Employer Philip Wynn		Description
Itemized Contributions Page Total \$				\$	502.40

* 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
Christopher Last Name: Parker Address: 2820 Cross Country Hill Address2: City: Columbus State: GA Zip: 31906 Aff. Comm.:	2/13/2026	N/A	100	100
		<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		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Steve Last Name: Craft Address: 410 10th Street Address2: City: Columbus State: GA Zip: 31901 Aff. Comm.:	2/14/2026	retired	50	50
		<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		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Kait Last Name: Hammock Address: 8007 Waterview Ct Address2: City: Columbus State: GA Zip: 31820 Aff. Comm.:	2/15/2026	N/A	100	100
		<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		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		
Miles Last Name: Greathouse Address: 529 2nd Avenue Address2: City: Columbus State: GA Zip: 31901 Aff. Comm.:	2/16/2026	Business Owner	250	250
		<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		Description
		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan		

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 <i>Cathleen</i>		Date <i>4/17/2024</i>	Occupation <i>Columbus Housing Initiative</i>	<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. <i>100</i>	Est. Value <i>100</i>
Last Name <i>Williams</i>						
Address <i>618 1st Avenue</i>		Employer				Description
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City <i>Columbus</i>						
State <i>GA</i>		Zip <i>31901</i>				
Aff. Comm.						
First Name or Business Name <i>John</i>		Date <i>4/22/2024</i>	Occupation <i>N/A</i>	<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. <i>250</i>	Est. Value <i>250</i>
Last Name <i>Fitzpatrick</i>						
Address <i>31815 Winkfield PL</i>		Employer				Description
Address2		<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City <i>Columbus</i>						
State <i>GA</i>		Zip <i>31909</i>				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address		Employer				Description
Address2		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City						
State		Zip				
Aff. Comm.						
First Name or Business Name		Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name						
Address		Employer				Description
Address2		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				
City						
State		Zip				
Aff. Comm.						
Itemized Contributions Page Total \$						<i>350</i>

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)
 ** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 *** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

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: Pioneer Little League Last Name: Address: 2700 W. Britt David Rd Address2: City: Columbus State: GA Zip: 31909	Date: 2/13/26 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Employer:	Sign sponsor	1450
First Name: Sticker Mule Last Name: Address: 336 Forest Ave Address2: City: Amsterdam State: NY Zip: 12010	Date: 2/19/26 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Employer:	stickers	23.24
First Name: Sun Signs Last Name: Address: 4735 M. Igen Rd Address2: City: Columbus State: GA Zip: 31907	Date: 2/20/26 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Employer:	Signs	1,809.67

Page Total \$ 2,468.91

* 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

Public Officer/Candidate/Other Than Candidate Committee Name Robert Watkins Page 16 of 24

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Outfront Media</i> Last Name Address <i>403 Ford Dr.</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31907</i>	Date <i>2/20/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Bill Boast's</i>	<i>4,540.00</i>
First Name <i>Speakeasy</i> Last Name Address <i>3123 Mercury Dr.</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31906</i>	Date <i>2/19/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Defened Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Campaign Food</i>	<i>30.97</i>
First Name <i>Peppers BBQ</i> Last Name Address <i>11670 Warm Springs Rd</i> Address2 <i>State C</i> City <i>Columbus</i> State <i>GA</i> Zip <i>31909</i>	Date <i>2/23/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Campaign Food</i>	<i>26.16</i>

Page Total \$ 4597.13

* 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

Robert Watkins

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: <u>Xpress Printing</u> Last Name: _____ Address: 4775 Rutledge Rd Address2: <u>4231 Gateway Rd</u> City: <u>Columbus</u> State: <u>GA</u> Zip: <u>31909</u>	Date: <u>2/25/26</u> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<u>Rack Cards</u>	<u>183.12</u>
First Name: <u>San Signs</u> Last Name: _____ Address: <u>4735 Milgen Rd</u> Address2: _____ City: <u>Columbus</u> State: <u>GA</u> Zip: <u>31909</u>	Date: <u>3/4/26</u> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<u>Signs</u>	<u>1528.38</u>
First Name: <u>Musroger BOE</u> Last Name: _____ Address: _____ Address2: _____ City: _____ State: _____ Zip: _____	Date: <u>3/5/26</u> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<u>Qualifying fee</u>	<u>360</u>

Page Total \$ 2,071.50

* 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

Public Officer/Candidate/Other Than Candidate Committee Name Robert Watkins Page 18 of 24

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: <u>Xpress Printing</u> Last Name: _____ Address: <u>6231 Gateway Rd</u> Address2: _____ City: <u>Columbus</u> State: <u>GA</u> Zip: <u>31909</u>	Date: <u>3/17/26</u> <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: _____	<u>Door Hungars</u>	<u>322.64</u>
First Name: <u>Rias</u> Last Name: _____ Address: <u>4848 Warm Springs Rd</u> Address2: _____ City: <u>Columbus</u> State: <u>GA</u> Zip: <u>31909</u>	Date: <u>3/16/26</u> <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: _____	<u>Campaign Food</u>	<u>41.32</u>
First Name: <u>Generation Nation</u> Last Name: _____ Address: <u>1111 13th St</u> Address2: _____ City: <u>Columbus</u> State: <u>GA</u> Zip: <u>31901</u>	Date: <u>3/18/26</u> <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: _____	<u>T-shirts</u>	<u>264</u>

Page Total \$ 627.96

* 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

Public Officer/Candidate/Other Than Candidate Committee Name Robert Watkins Page 19 of 24

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name: <i>Xpress Printing</i> Last Name: _____ Address: <i>6231 Gateway Rd</i> Address2: _____ City: <i>Columbus</i> State: <i>GA</i> Zip: <i>31909</i>	Date: <i>3/30/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<i>Door Hangers</i>	<i>465.16</i>
First Name: <i>MEEP of Columbus</i> Last Name: _____ Address: <i>214 10th St</i> Address2: _____ City: <i>Columbus</i> State: <i>GA</i> Zip: <i>31901</i>	Date: <i>4/8/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<i>TOTU Donation</i>	<i>100.00</i>
First Name: <i>USPS</i> Last Name: _____ Address: _____ Address2: _____ City: _____ State: _____ Zip: _____	Date: <i>4/6/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: _____ Employer: _____	<i>Stamps</i>	<i>78.00</i>

Page Total \$ 643.16

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert Watkins Page 20 of 24

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>The Courier</i> Last Name Address <i>1300 Wynnton Rd</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31901</i>	Date <i>3/17/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Program Ad</i>	<i>375</i>
First Name <i>Country's BBQ</i> Last Name Address <i>3137 Mercury Dr.</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31906</i>	Date <i>3/19/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Campaign Food</i>	<i>61.47</i>
First Name <i>Imprints.com</i> Last Name Address <i>14550 Beechmont St.</i> Address2 City <i>Houston</i> State <i>TX</i> Zip <i>77063</i>	Date <i>2/17/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Bathrooms</i>	<i>43.71</i>

Page Total \$ 480.15

* 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

Public Officer/Candidate/Other Than Candidate Committee Name Robert Wadkins Page 21 of 24

State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

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

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Sun Signs</i> Last Name Address <i>4733 M. Gen Rd</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31909</i>	Date <i>4/17/98</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>Signs</i>	<i>300.</i> <i>15</i>
First Name <i>Generation Nation</i> Last Name Address <i>1111 13th St</i> Address2 City <i>Columbus</i> State <i>GA</i> Zip <i>31901</i>	Date <i>4/18/26</i> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	<i>T-shirts</i>	<i>677</i>
First Name Last Name Address Address2 City State Zip	<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 \$ 977.15

* 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

Public Officer/Candidate/Other Than Candidate Committee Name

Robert Watkins Page 22 of 24

State of Georgia Campaign Contribution Disclosure Report Investments Statement

1. Investment Name _____ Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>	Account # _____ 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 _____ Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>	Account # _____ 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: \$ _____
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Robert Watkins

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]

Public Officer/Candidate/Other Than Candidate Committee Name

Robert Ladfors

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