

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>Muscogee, Columbus City Council District 3</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="text-align: center; font-size: 2em;"><i>Shore</i></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) Sherrie Aaron (2) 5/6/2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name *Today's Date*

(3) 1119 Bunker Hill Rd Columbus Ga 31907
Mailing Address *City* *State* *Zip Code*

(4) 706.617.5222 and/ or electsherrieaaron@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: Sherrie Aaron | Franklin Johnson
Name of Committee Chairperson *Name of Committee Treasurer*

4. Period for which you are Reporting

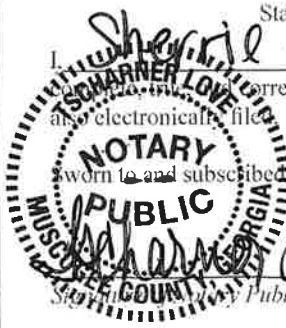
You Must Check Only One Box

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, Sherrie Aaron, being duly sworn (affirm), depose and say that the information in this report form is 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



Sherrie Aaron

Sept. 19, 2029

Commission Expiration

Shunda

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

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1		In-Kind Estimated Value	Cash Amount
	<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.	0	0
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		
3a	All loans received this reporting period.		3000
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.		1465
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		4465
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		4465

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.		
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		10982.37
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)		
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		
14	Total value of investments held at the end of this reporting period.		

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		
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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.

Sherrie Aaron

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

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 Daryl Last Name Walters Address	Date 3/26/2025	Occupation 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 <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2500	Est. Value
Address2 City Tracy State CA Zip Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer		Description	
Address City Tracy State CA Zip Aff. Comm.					
First Name or Business Name Tasha Last Name Mahone Address	Date 4/01/2025	Occupation CEO	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2700	Est. Value
Address2 City Columbus State Ga Zip Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer		Description	
Address City Columbus State Ga Zip Aff. Comm.					
First Name or Business Name Kelsi Last Name Thomas Address	Date 04/01/2025	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2500	Est. Value
Address2 City Monroe State La Zip Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer		Description	
Address City Monroe State La Zip Aff. Comm.					

Itemized Contributions Page Total \$ 7700 \$ _____

First Name or Business Name Johnny		Date 2/27/25	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value
Last Name Freeman						
Address						
Address2		<input type="checkbox"/> Monetary	Employer			Description
City Columbus		<input type="checkbox"/> In-Kind				
State 31	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Deloris		Date 4/13/25	Occupation Trainer	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name Matthews						
Address						
Address2		<input type="checkbox"/> Monetary	Employer BCBS			Description
City		<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Cathy		Date 4/7/25	Occupation	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 200	Est. Value
Last Name Ducksworth						
Address						
Address2		<input checked="" type="checkbox"/> Monetary	Employer Unknown			Description
City Columbus		<input type="checkbox"/> In-Kind				
State Ga	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Keyandra		Date 03/31/25	Occupation Therapist	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 100	Est. Value
Last Name Hodge						
Address						
Address2		<input checked="" type="checkbox"/> Monetary	Employer			Description
City Columbus		<input type="checkbox"/> In-Kind				
State Ga	Zip	<input type="checkbox"/> Common Source				
Aff. Comm.		<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$					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

Sherrie Aaron

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.) Sherrie	1. 03/01/2025	First Name Sherrie	1. CEO
Lender Last Name Aaron	2. 3000	Last Name Aaron	2. Sybil's House Inc
Address 1119 Bunker Hill Rd	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 1119 Bunker Hill Rd	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 <small>GA</small>		State <small>GA</small>	
Zip <small>31907</small>	Zip <small>31907</small>		
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		State	
Zip	Zip		
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <u>3000</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	Date 2/6, 3/4, 3/24, 3/25,4/17	Occupation Printing and Mailing Service	Fans, Flyers, Yard signs, Door Hangers and Mailers	9332.37
Last Name				
Address				
Address2 6321 Gateway Rd				
City Columbus				
State Ga	<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	Employer		
First Name Pearls for Life Foundation	Date 4/12/2026	Occupation AKA Education Scholarship Ball	Sponsorship Ad booklet	285.20
Last Name				
Address				
Address2				
City				
State 	<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	Employer		
First Name St Paul AME	Date March 2026	Occupation	Church Anniversary Ad	100
Last Name				
Address				
Address2				
City Columbus				
State Ga	<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	Employer		

9717.57

Page Total \$ _____

* 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

Sherrie Aaron

Public Officer/Candidate/Other Than Candidate Committee Name

Page _____ of _____

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 Oscar Last Name Jordan Address Address2 City Colubus State Ga Zip	Date 04/15 <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 Printing and Press Employer	Signs and Tshirts	1500
First Name Jeremy Last Name Hobbs Address Address2 City State Zip	Date April 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 Director Employer Colga Pride	Ad	150
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 \$ 1650

* 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

Sherrie Aaron

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					
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>	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.

Sherrie Aaron