

Campaign Contribution Disclosure Report State Ethics Commission

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

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>City Council Dist. #1</u> <small>(Include county, municipality, district, past or judicial seat)</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: _____	Use Earlier of Post Mark or Hand-Delivered Date <u>Slone</u> <u>5/7/26</u>
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3. Identifying and Contact Information

(1) The Committee to Elect Simi BARNES (2) MAY 6, 2026
Full Name of Candidate or Other Than Candidate Campaign Committee Name Today's Date

(3) P.O. Box 6212 COLUMBUS, GA 31907
Mailing Address City State Zip Code

(4) 906-587-6064 and/or SIMI.BARNES011@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:
Simone Lavette T.M. BARNES | CLARION J. BARNES + MAXINE
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, <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)

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

State of Georgia County of Muscogee

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 applicable, and also electronically filed.



Witness to and subscribed before me on May 7, 2026
Tscharner Love Notary Public
Sept. 19, 2029 Commission Expiration

Clarion J. Barnes + Maxine
a. Signature of Candidate
b. Organization Chairperson/Treasurer

CFR-41 DR 722025

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.	0	\$10,497.29
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		\$4,465.01
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.		\$822.40
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		\$5287.41
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		\$15,784.70

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.		\$4,602.66
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		\$8331.50
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		\$276.80
11	Total expenditures reported this period. (Line 9 + 10)		\$8,608.30
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		\$13,210.96

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)		\$2,573.74
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* (5 C.F.R. 271.5-3)(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.

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

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)
 Pub: 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 Estimated Value Description
	Received Date Contribution Type*	Occupation & Employer			
	Date	Occupation			
First Name or Business Name Rickey Last Name HARROW Address 7 CRAWFORD ST Address2 City COLUMBUS State GA Zip 31907 Alt. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer 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	Cash Amt. \$104.48	Est. Value Description
First Name or Business Name DEBORA Last Name Stokes Address 4752 ELLINGTON CT Address2 City MARIETTA State GA Zip 30067 Alt. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer 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	Cash Amt. \$104.48	Est. Value Description
First Name or Business Name JAMES Last Name Winchester Address 5815 MOON DR Address2 City COLUMBUS State GA Zip 31909 Alt. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer FAMILY DENTIST	<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. \$260.73	Est. Value Description

Itemized Contributions Page Total \$ 469.69

First Name or Business Name	Date	Occupation	Contribution Type	Cash Amt.	Est. Value
Willie King	3/2/2026	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	\$200.00	
Address: 659 Dogwood		Employer: Retired	Description:		
City: Columbus, State: GA, Zip: 31907		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Betty JACKSON	3/3/2026	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	\$104.48	
Address: 3015 Colowood Dr		Employer: Retired	Description:		
City: Columbus, State: GA, Zip: 31906		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Howard Pendleton	3/14/2026	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	\$260.73	
Address: 4836 Roxbury Dr		Employer: Retired	Description:		
City: Columbus, State: GA, Zip: 31907		<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan			
Anthony JOHNSON	3/16/2026	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	\$521.15	
Address: 1034 Amber Dr		Employer: Law Agency	Description:		
City: Columbus, State: GA, Zip: 31907		<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					\$1,136.36 s

* 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 of Business Name	Date	Occupation	Contribution Type	Cash Amt	Est. Value
First Name: JOY Last Name: BAKER Address: 300 CORACE CT City: LAGUNA VIEJO State: CA ZIP: 92653 Alt. Contact:	3/22/2026	OB/GYN	<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	\$104.48	
First Name: JOH. Last Name: PATRICK Address: PO BOX 9818 City: COLUMBUS State: GA ZIP: 31908 Alt. Contact:	4/15/2026	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	\$250.00	
First Name: CAROLYN Last Name: HUBBLEY Address: P.O. BOX 6342 City: COLUMBUS State: GA ZIP: 31917 Alt. Contact:	4/15/2026	Insurance Agent	<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	\$500.00	
First Name: Leroy Last Name: DAVIS Address: Mcloy RD City: Seale Seale State: AL ZIP: 36875 Alt. Contact:	4/16/2026	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	\$200.00	

Itemized Contributions Page Total \$1,054.48

* 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 persons shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

First Name of Business Name	Date	Occupation	Contribution Type	Est. Amt	Est. Value
First Name: CLAIRMONT Last Name: BARNES Address: 5135 Atteridge Rd City: Springsfield State: VA Zip: 22150 All Comm:	4/20/2026	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	\$500.00	
First Name of Business Name: DANIELLE Last Name: COOPER Address: 5322 Kingsberry St City: Columbus State: GA Zip: 31907 All Comm:	4/23/2026	Childcare	<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	\$200.00	
First Name of Business Name: CALVIN Last Name: SHYRE Address: P.O. Box 181 City: Columbus State: GA Zip: 31902 All Comm:	4/23/2026	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	\$1,000.00	
First Name of Business Name: PATRICIA Last Name: CASSEL Address: 1587 ARMENDA OR City: Columbus State: GA Zip: 31907 All Comm:	4/26/2026	Director of Party Affairs	<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	\$104.48	
Renewed Contributions Page Total \$1,804.48					

* 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 leading institution or party making the advance or extension of credit

07/20/2016 12:20:07

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, last.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address 2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address 2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General	City	<input type="checkbox"/> Other Than Candidate Committee Name
State	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	State	
Zip		Zip	
Lender Name (First Name, Business, last.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address 2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary	Address 2	<input type="checkbox"/> Candidate
City	<input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General	City	<input type="checkbox"/> Other Than Candidate Committee Name
State	<input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	State	
Zip		Zip	

Reference: OCGA § 21-5-34(b)(1)

Loan Page Total \$ _____

* 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

FC000R 12/04

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: VISTA PRINT Last Name: _____ Address: 95 HAYDEN AVE Address2: _____ City: LEXINGTON State: MA Zip: 02421	Date: 2/6/2026 <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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Printer + Graphic Design Employer: _____	Banner Design	\$10.00
First Name: VISTA PRINT Last Name: _____ Address: 95 HAYDEN AVE Address2: _____ City: LEXINGTON State: MA Zip: 02421	Date: 2/9/2026 <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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Printer + Graphic Design Employer: _____	200 YARD SIGNS	\$1,383.43
First Name: VISTA PRINT Last Name: _____ Address: 95 HAYDEN AVE Address2: _____ City: LEXINGTON State: MA Zip: 02421	Date: 2/10/2026 <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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Printer + Graphic Design Employer: _____	Step + Repeat	\$308.99

Page Total \$ **1,702.42**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment or 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: <u>Vista Print</u> Last Name: _____ Address: <u>95 Hayden Ave</u> Address2: _____ City: <u>Lexington</u> State: <u>MA</u> Zip: <u>02421</u>	Date: <u>2/15/2026</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: <u>Printer & Graphic Design</u> Employer: _____	<u>Banner Design</u>	<u>\$10.00</u>
First Name: <u>Vista Print</u> Last Name: _____ Address: <u>95 Hayden Ave</u> Address2: _____ City: <u>Lexington</u> State: <u>MA</u> Zip: <u>02421</u>	Date: <u>2/18/2026</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: <u>Printer & Graphic Design</u> Employer: _____	<u>Retractable Banner</u>	<u>\$170.02</u>
First Name: <u>ASHE LEADS</u> Last Name: _____ Address: <u>AshLeads@yahoo.com</u> Address2: _____ City: _____ State: _____ Zip: _____	Date: <u>2/18/2026</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: <u>Printer</u> Employer: _____	<u>(9) G-5000 T-SHIRTS</u>	<u>\$127.53</u>

Page Total \$ 307.55

* 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

CFC-CCDR 12/2003

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>VISTA PRINT</u> Last Name: _____ Address: <u>95 HAYDEN AVE</u> Address2: _____ City: <u>LEXINGTON</u> State: <u>MA</u> Zip: <u>02421</u>	Date: <u>2/21/2026</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: <u>Printed & Graphic Design</u> Employer: _____	<u>250 BACK CARDS</u>	<u>\$152.12</u>
First Name: <u>VISTA PRINT</u> Last Name: _____ Address: <u>95 HAYDEN AVE</u> Address2: _____ City: <u>LEXINGTON</u> State: <u>MA</u> Zip: <u>02421</u>	Date: <u>3/22/2026</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: <u>Printed & Graphic Design</u> Employer: _____	<u>250 POOL HANGERS + 250 BACK CARDS</u>	<u>\$302.99</u>
First Name: <u>HAILES ENTERPRISES</u> Last Name: _____ Address: _____ Address2: _____ City: _____ State: _____ Zip: _____	Date: <u>3/25/2026</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: <u>Printed & Design</u> Employer: _____	<u>MAILER</u>	<u>\$400.00</u>

Page Total \$ 862.11

* 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 _____

CTC-CDBL12503

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: X-press printing Last Name: Address: 6231 Gateway Rd Address2: City: Columbus State: GA Zip: 31909	Date: 3/25/2026 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Printer Saltel Postage Employer:	Political Mail \$1,614.43	
First Name: ASITE LEADS Last Name: Address: Asheleads@yahoo.com Address2: City: State: Zip:	Date: 4/10/2026 <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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Shirt Printer Employer:	Campaign Tee Shirts \$120.00	
First Name: Vista Print Last Name: Address: 95 HANDEL AVE Address2: City: Lexington State: MA Zip: 02421	Date: 4/20/2026 <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"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Printer Celtic Design Employer:	500 Door Numbers + 500 Rack Cards \$393.46	

Page Total \$ 2,127.89

* 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: X-press printing Last Name: Address: 6231 Gateway RD Address2: City: Columbus State: GA Zip: 31909	Date: 4/24/2026 <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: Printer Software Postage Employer:	Deleted \$1,708.70 Made #2	
First Name: Outfront Media Last Name: Address: 405 Lexington Ave Address2: 17B Floor City: New York State: NY Zip: 10174	Date: 4/28/2026 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Billboard Advertisables Employer:	Billboard \$971.43	
First Name: X-press printing Last Name: Address: 6231 Gateway RD Address2: City: Columbus State: GA Zip: 31909	Date: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation: Printer Employer:	100 YARD SIGNS \$657.40	

Page Total \$ 3,331.53

* 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 _____ Institution/Person Holding Account _____ Mailing Address _____ Address 2 _____ City _____ State _____ Zip _____	Account # _____ Value at beginning of reporting period \$ _____ Value at end of reporting period \$ _____ Difference in value \$ _____ Interest Paid Out \$ _____ Cash Dividends \$ _____
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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 _____ Address 2 _____ City _____ State _____ Zip _____	Account # _____ Value at beginning of reporting period \$ _____ Value at end of reporting period \$ _____ Difference in value \$ _____ Interest Paid Out \$ _____ Cash Dividends \$ _____
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Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

Total value of investments at beginning of reporting period \$ _____ Total value of investments at end of reporting period \$ _____ Total difference in value \$ _____	Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____
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DEC-02/03

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.

